



UNIVERSITY OF GONDAR
COLLEGE OF MEDICINE AND HEALTH SCIENCES
INSTITUTE OF PUBLIC HEALTH

**JOB SATISFACTION AND ASSOCIATED FACTORS AMONG URBAN AND RURAL
HEALTH EXTENSION WORKERS IN NORTH GONDAR ADMINISTRATIVE ZONE,
NORTHWEST ETHIOPIA**

By: Geta Asrade (BSc)

ADVISORS: Gashaw Andargie (MPH, PhD)

Kassahun Alemu (MPH, PhD)

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NORTHWEST ETHIOPIA

By: Geta Asrade (BSc)

Mobile-251 913 72 90 42

Email-getasrade64@gmail.com

APPROVED BY THE EXAMINING BOARD

Head, Institute of public health

ADVISORS:

Signature

1. Gashaw Andargie (MPH, PhD)

.....

2. Kassahun Alemu (MPH, PhD)

.....

EXAMINER(S):

Signature

1.

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2.

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Acronyms

| | |
|----------|--|
| ANRS | Amhara National Regional State |
| BSc | Bachelor of Science |
| CI | Confidence interval |
| CMHS | College of Medicine and Health Science |
| CSA | Central Statistical Agency |
| EPI | Expanded program on Immunization |
| Epi info | Statistical Package for Epidemiological Information Analysis |
| FP | Family Alanning |
| HC | Health Center |
| HEP | Health Extension Package/program |
| HEWs | Health Extension Workers |
| HP | Health Post |
| HR | Human Resource |
| HRM | Human Resource Management |
| ICCM | Integrated Community Case Management |
| IPH | Institute of Public Health |
| IRT | Integrated Refresher Training |
| L10K | Last Ten Kilometer |
| MPH | Master of Public Health |
| NCDs | Non Communicable Disease |
| NGO | Non Governmental Organization |
| NGAZ | North Gondar Administrative zone |
| OR | Odds Ratio |
| PA | Performance Appraisal |
| PI | Principal Investigator |

| | |
|-------|---|
| PMTCT | Preventing Mother to Child Transmission |
| RHEWs | Rural Health Extension Workers |
| SPSS | Statistical Package for Social Science |
| SRS | Simple Random Sampling |
| UoG | University of Gondar |
| UHEWs | Urban Health Extension Workers |
| WHO | World Health Organization |
| WorHO | Woreda/district/ Health Office |

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Abstract

Introduction: Employee satisfaction is important in determining how far an organization achieves its goals. Health extension program is one of the most innovative community based health programs in Ethiopia. Despite promising start there are lots of challenges such as lack of attention on the details of work condition and high attrition rate of health extension workers.

Objective: This research aimed at determining the level of job satisfaction and associated factors among rural and urban health extension workers in North Gondar Administrative Zone, Northwest Ethiopia.

Methods: Institutional based cross sectional study supplemented with in depth interview was carried out from February to April 2014. A total of 416 health extension workers were using simple random technique selected to be included in the study. Data were collected during review meetings by using self administered questionnaire and in-depth interview check lists. Bi-variate and multivariable analyses were conducted to identify factors associated with job satisfaction.

Results: Four hundred sixteen respondents enrolled in the study, from these 370 (88.9%) were rural and 46(11.1%) were urban health extension workers. Nearly half (56.2%) of rural and 17.4% of urban health extension workers were found to be satisfied with their job. Frequent supervision [AOR: 9.24(95%CI; 4.73, 18.0)], in-service training [AOR: 4.17(95%CI; 2.16, 8.04)], working out of parents kebele [AOR: 2.39 (95%CI; 1.31, 4.34), transfer [AOR: 2.28(95%CI; 1.35, 3.89)], year of experience [AOR: 0.13 (95%CI; 0.06, 0.27)], being urban [AOR: 0.32 (95%CI; 0.11, 0.94)] were associated factors that predict job satisfaction.

Conclusions

This study demonstrated that over all half of health extension workers were found to be satisfied with their job. Rural health extension workers were more satisfied than the urban counter parts. Training, supervision, transfer, parent residence, year of experience, age and urban-rural had significant association with job satisfaction. It is necessary to design sustainable in-service training and supportive supervision programs for urban groups and considering special carrier opportunities to experienced health extension workers.

Key words: Job satisfaction, health extension worker, rural, urban

1. Introduction

1.1. Statement of the problem

An organization comprises of people, it is their satisfaction which can make or mars its performance. Employee satisfaction is important in determining how far an organization achieves its goals [1].

The concept of job satisfaction has long been studied and reported in theories such as Maslows Hierarchy of needs and Herzbergs Motivation-Hygiene Theory [2]. The most common recent definitions were; Spector (1997) defines job satisfaction as “the degree to which people like their jobs.” Robbins (2005) defines job satisfaction as “a collection of feelings that an individual holds towards his or her job.” This implies that a person with a high level of job satisfaction will hold positive feelings towards the job and a person who is dissatisfied will hold negative feelings about the job. Job satisfaction is also defined in terms of equity. Robbins et al. (2003) define job satisfaction as “the difference between the rewards employees receive and the reward they believe they should receive.” The higher this discrepancy, the lower will be the job satisfaction [1-7].

Developing capable, motivated and supported health workers is essential for overcoming bottlenecks to achieve national and global health goals[6]. As the backbone of the health system, health workers usually account for the largest share of public expenditures on health [2, 5]. Job dissatisfaction leads to absenteeism, labor turnover and negative publicity of the organization. Unsatisfied worker can prove to be a liability to any organization and on the other hand happy and satisfied worker is always a productive worker [5, 7].

Employee satisfaction has become an important corporate objective in recent years. Organizations cannot reach competitive levels of quality if the employees do not feel satisfied [8].

Ethiopia has launched an accelerated expansion of Primary Health Care Coverage fueled by health extension program (HEP) which is one of the most innovative community-based health programs in Ethiopia. Since it became operational in 2004,

the Program has had a tangible effect on the thinking and practices of rural people regarding disease prevention, family health, hygiene and environmental sanitation [9, 10]. This implied the training and deployment of over 30,000 health extension workers (HEWs) and 15,000 health posts. Two female, trained HEWs are assigned at each health post and each kebele to serve for estimated 5000 population [10, 11]. Health extension workers promote health at the kebele level by implementing sixteen clearly defined health service packages. The early successes of the HEP led to expansion from rural agrarian communities into pastoral and agro-pastoral communities in 2006 and into urban communities in 2010 [12]. HEWs are the first point of contact of the community with the health system, delivering integrated preventive, promotive and curative health services, with a special focus on maternal and child health [11, 12]

Despite promising starts it has often foundered on working condition issues. While resource constraint and the generally underdeveloped environment could explain part of the failure, it has been also shown that lack of attention to the details of working conditions and high attrition rate of health extension workers in some woredas. Therefore the human resource management in general becomes an important part of the program [10]. Research has demonstrated the importance of job satisfaction to an organization and several studies have been done in our country on pharmacy professionals [13] hospital nurses, physicians, laboratory and others [14, 15], however little is done on HEWs despite the challenging work environments and their immense contribution to the rural community [12].

Therefore, it is important to maximize employee productivity by considering and addressing the factors that compromise their job satisfaction [16]

1.2. Literature review

1.2.1. Level of Job satisfaction among health extension workers

Studies demonstrated the importance of job satisfaction to an organization in terms of its positive relationship with individual performance, productivity, employee relations, physical and mental health and life satisfaction [13]. Conversely dissatisfied employees often show an unreliable work ethic, including taking unscheduled days off, sluggishness in their work and aggression towards other workers or patients, absenteeism, expression of grievances and turnover. Poor working conditions, lack of career structure and lack of job satisfaction also contribute to poor retention [16]. Several studies have been conducted worldwide to determine job satisfaction level and determinant factors of employees.

A study conducted in south east Asia, among health-care workers at health centers found overall job satisfaction level of 79.88% [17]. And a study in Zahedan District, Islamic Republic of Iran among community health workers obtained a job satisfaction level of 40.5% [16]. A study in Jimma University Specialized Hospital among health professionals revealed that only 41.4% were satisfied with their job [15]. Similarly a study conducted in southern Ethiopia among public health nurses found overall job satisfaction level of 50.6% [14] while a study in south west Ethiopia among health institution pharmacy professionals showed that the overall job satisfaction was 60.8% [13]. All the above literature confirms that the level of job satisfaction was different in different organizations.

1.2.2 Factors associated with job satisfaction of health extension workers

Worldwide, studies showed that many factors have impact on job satisfaction in health care workers, such as: gender, age, level of education, work experience, way of organization of work, working conditions, payment, working hours, training, supervision, promotion and the like [15, 16, 18-20].

1.2.2.1. Socio-demographic factors

Age

Job satisfaction is related to age, the general trend in most studies is that satisfaction levels increase with age [4, 14, 15, 19, 21-23].

Other studies showed age has a 'U' shaped function for job satisfaction [18, 20].

Marital status

If they live together married employs are more satisfied than those who are single, divorced, or widowed. But if they live separately they are more likely to report significantly lower levels of job satisfaction, as compared to those who are single, divorced or widowed [22].

Parenting/number of children

Women parenting two children appear to be a little more satisfied than other women. There are no obvious reasons why this should be so [22]. Employees, who find themselves unable to adjust between work and family, generally seem to be less satisfied with their jobs as well as their life [24].

Level of education

Results from several studies revealed that employees with lower education are significantly less satisfied than those who acquired higher level of education [20, 22, 25, 26].

Year of experience

Fewer years of experience was related with higher level of job satisfaction while those with more years of work experience reported lower level of job satisfaction, highest levels of burnout [5, 14, 18, 19, 27, 28]. However other studies investigated that job satisfaction increases as year of experience increases [19, 29]

1.2.2.2 Organizational factors

Salary

Studies that include remuneration as one component of job satisfaction are inconsistent in their findings. Pay does not have as strong an impact as work

environment, pay is not a high priority and pay is not associated with turnover [29]. However other studies show that prompt payment of salary were the most prominent factors in work environment that the nurses perceived as capable of increasing job satisfaction [26] and employees earning low salary reported significantly lower levels of job satisfaction [30-32].

Training

Literature shows profession can be better developed and improved by providing different training opportunities. Training increases the self confidence and self-esteem of health professionals and improves the quality of care that would significantly elevate the morale of health professionals in the organization [1, 2, 32].

Career structure

Clear, properly and transparently implemented career structure plays a critical part in the motivation and satisfaction of staff. Immediate clarification on the career structure will have an important impact on the motivation of HEW and future planning including promotion and upgrading. This should include not only the conditions and paths of upgrading, but also the evolution over time of those who remain HEW [11, 33].

Transfer

Selection of HEWs from their parents kebele in which they will be working after graduation which was considered to give longer service latter faced a problem in that their intention was to change their kebele like any public employees. [11]

Up grade

Life-long learning activities in nursing promote job satisfaction, increased retention of nurses and enable continued provision of high-quality care [29]. A study conducted in Ethiopia among rural HEWs and health post performance survey, 63.1% of HEWs are satisfied with future prospects for promotion [34].

1.2.2.3 Work condition

The work itself

A study done in Iran among community health workers indicates that with the work itself, the percentage of the respondents who were satisfied was high (70.3%) [16].

Work load

A consistently heavy workload increases job tension and decreases job satisfactions, which in turn, increase the likelihood of turnover [29]. Studies in Iran among community health workers showed similar result that workers dissatisfied with the workload, mostly due to long working hours (morning and afternoon) [16].

Housing

Is very important in motivating HEW and in, possibly, lengthening their stay in the communities [11]. The provision of a conducive work environment is the most important influence of job satisfaction for rural nurses [26].

1.2.2.4. Management factors

Supervision

In almost all literatures, supervision has positive relationship with job satisfaction [2, 8, 18, 19, 27, 35, 36]

Evaluation

Studies show that employees are likely to feel more satisfied with their appraisal result if they have the chance to talk freely and discuss their performance [37].

Communication between Employees and Senior Management

A little more than half (53%) of employees reported that communication between employees and senior management was very important to employee job satisfaction [31]. Information about organization plans, progress and problems when exchanged effectively with subordinates, associates, superiors and others enhances mutual understanding and trust [18]. Increased upward communication and its reward also results in job satisfaction [24].

Recognition of Employee Job Performance

The reason why people go to work is for the payment, but the reason why they stay is due to many other reasons. Acknowledging employees' performance through praise, awards and incentives is believed to be a cost-effective way of increasing employee morale, productivity and competitiveness [38, 39]. More than half (57%) of employees reported they were satisfied with management's recognition of employee job performance [18].

As far as our knowledge, no one ever determined the level of job satisfaction and associated factors of health extension workers in North Gondar Administrative Zone. That is why this study aims at the amplification of the magnitude and association of job satisfaction among health extension workers in North Gondar Administrative zone, which helps more powerfully the health manager and program implementers to know the most influential factors to maintain health extension workers.

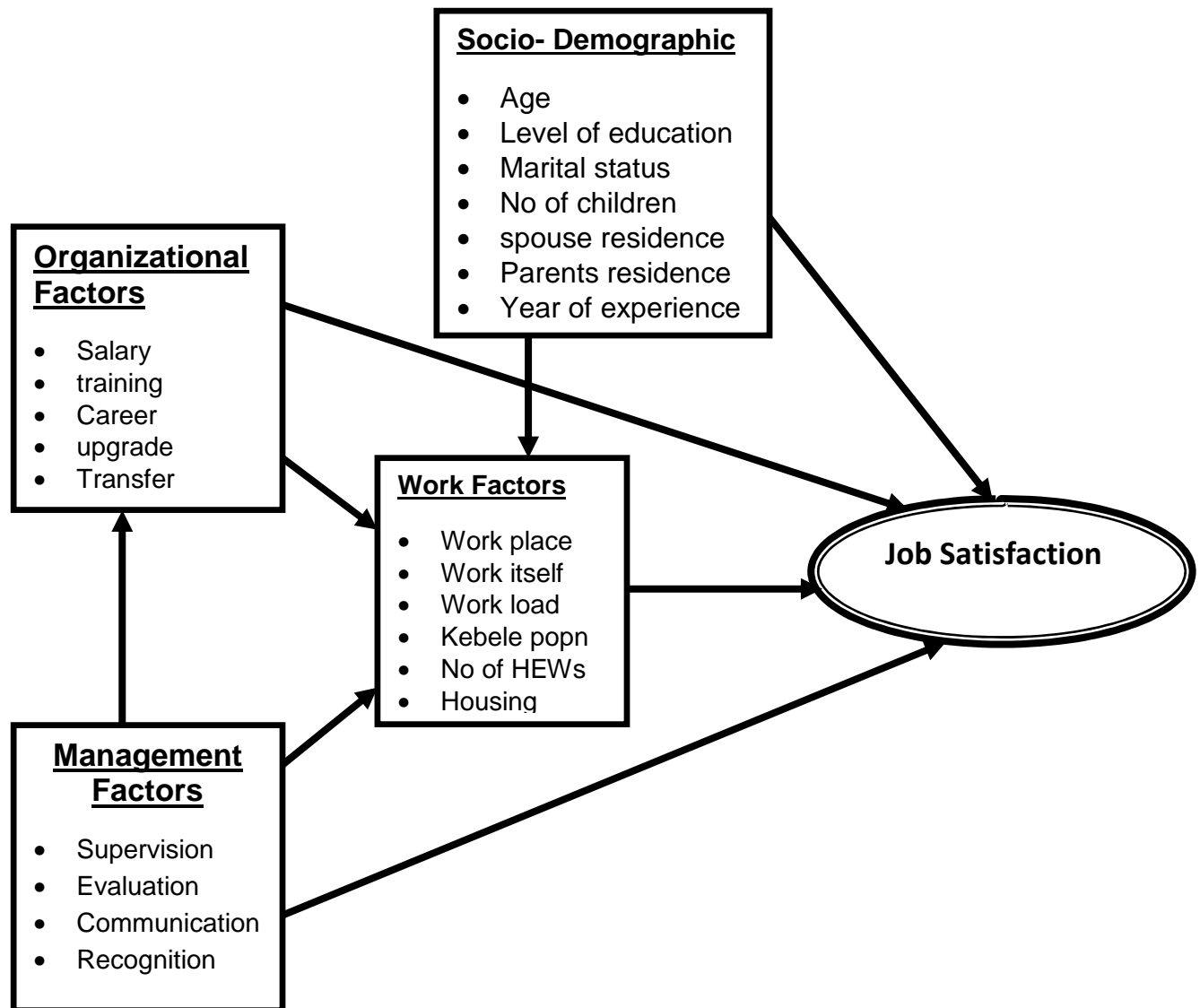


Figure 1 Conceptual frame work of job satisfaction and associated factors among HEWs in North Gondar zone, Northwest Ethiopia, 2014 (Adapted and modified from Dhevan Govender 2010) [40]

1.3 Justification of the study

The human resource is the most important part and crucial of all resources for the survival of an organization. Understanding the factors related to job satisfaction is entry point to improve productivity, organizational commitment, lower absenteeism, and staff turnover and ultimately increase the effectiveness of the organization. In lots of countries, job satisfaction survey is regularly conducted, and by monitoring obtained data it is possible to notice omissions in organization of work [29].

HEP is one of the most innovative community based health programs in Ethiopia and HEWs are the first point of contact of the community with the health system, delivering integrated preventive, promotive and curative health services. Despite promising start there are lots of challenges and faced lacks of attention on the details of work condition and high attrition rate of HEWs. Therefore the human resource management in general becomes an important part of the program. Several studies have been done in our country on job satisfaction of pharmacy, nurses, physicians, laboratory and others but little is done on HEWs despite the challenging work environments and their immense contribution to the rural community. Therefore this study attempts to shed light on the potential factors on job satisfaction of HEWs. It is expected to serve human resource policy makers and health extension package practitioners.

2. Objectives

2.1. General objective

- To determine the level of job satisfaction and associated factors among health extension workers in north Gondar Administrative Zone, North West Ethiopia.

2.2. Specific objectives

1. To determine the level of job satisfaction among health extensions
2. To identify factors associated with job satisfaction among health extension workers

3. Methods

3.1. Study design and period:

Institutional based cross sectional study supplemented with qualitative inquiry was carried out from February 25 – April 15, 2014.

3.2. Study area

The study was conducted in North Gondar Administrative Zone, which is one of the 11 zones in Amhara Regional state. The zone is located in Northwest part of Ethiopia with its total area of 44,556.47 km². According to North Gondar zone health department 2005 E.C annual report, it has a total population of 3,351,033 and the health infrastructure of the zone is organized by 2 urban and 20 rural administrative woredas. There are 39 urban and 516 rural kebeles, 124 health centers, 522 health posts and 1,139 HEWs.

3.3. Population

3.3.1. Source population

The source population consisted of all HEWs in North Gondar Administrative Zone, who are permanently employed.

3.2. Study population

Include HEWs who are permanently employed and participated in the review meeting during data collection period. Selected heads of woreda health offices, health center heads, kebele administrators and HEWs were key informants for the in-depth interview.

3.3.3. Inclusion and exclusion criteria

Inclusion criteria: All rural and urban HEWs in the twenty two woredas.

Exclusion criteria: HEWs who did not get training on the full course of the initial training of the health extension program and contractually employed.

3.4. Sample size and sampling procedure

3.4.1 Sample size calculation

The sample size is estimated by using single population proportion formula.

$$n = \frac{(Z_{\alpha/2})^2 p(1-p)}{d^2} = \frac{(1.96)^2 0.5 (1-0.5)}{(0.05)^2} = 384$$

The assumptions are: n —minimum sample size, P —estimated proportion of HEWs job satisfaction (50%), d —the margin of sampling error tolerated (5%), $Z_{\alpha/2}$ —the standard normal variable at $1-\alpha$ % confidence level and 95% level of confidence.

By considering 10 % non response rate, the final sample size for quantitative study was 422.

Ten in-depth interviews were conducted: two woreda health office heads, two health center heads, two kebele administrators, two urban and two rural health extension workers.

3.4.2. Sampling procedure

There were 1,139 HEWs in the zone, out of these 1,022 work in rural and 117 in urban kebeles. To select 422 HEWs from 22 woredas, simple random sampling and proportional allocation to size were employed as follows:

Step one: All woredas were listed with their respective health extension number (N_{rur}).

Step two: The proportion that they contribute for the sample was calculated for each woreda ($p_{\text{rur}} = 370/1022 = 36.2\%$ = proportion for rural HEWs)

Step three: proportion was changed to countable health extension number ($n_{\text{rur}} = p_{\text{rur}} * N_{\text{rur}}$, where, N_{rur} is total number of RHEWs in 'N' woreda, and p_{rur} is proportion of RHEWs in 'N' woreda)

Step four: simple random sampling method was used to get the required number, (n_{rur}) from the respective woreda by the data collectors.

A similar method was used for UHEWs. (Annex VI)

Quantitative data were collected during review meetings at woreda level by trained clinical nurses. An in-depth interview was conducted among purposively selected key informants who are responsive, interactive, knowledgeable, and serve longer time in that position. (Annex VII)

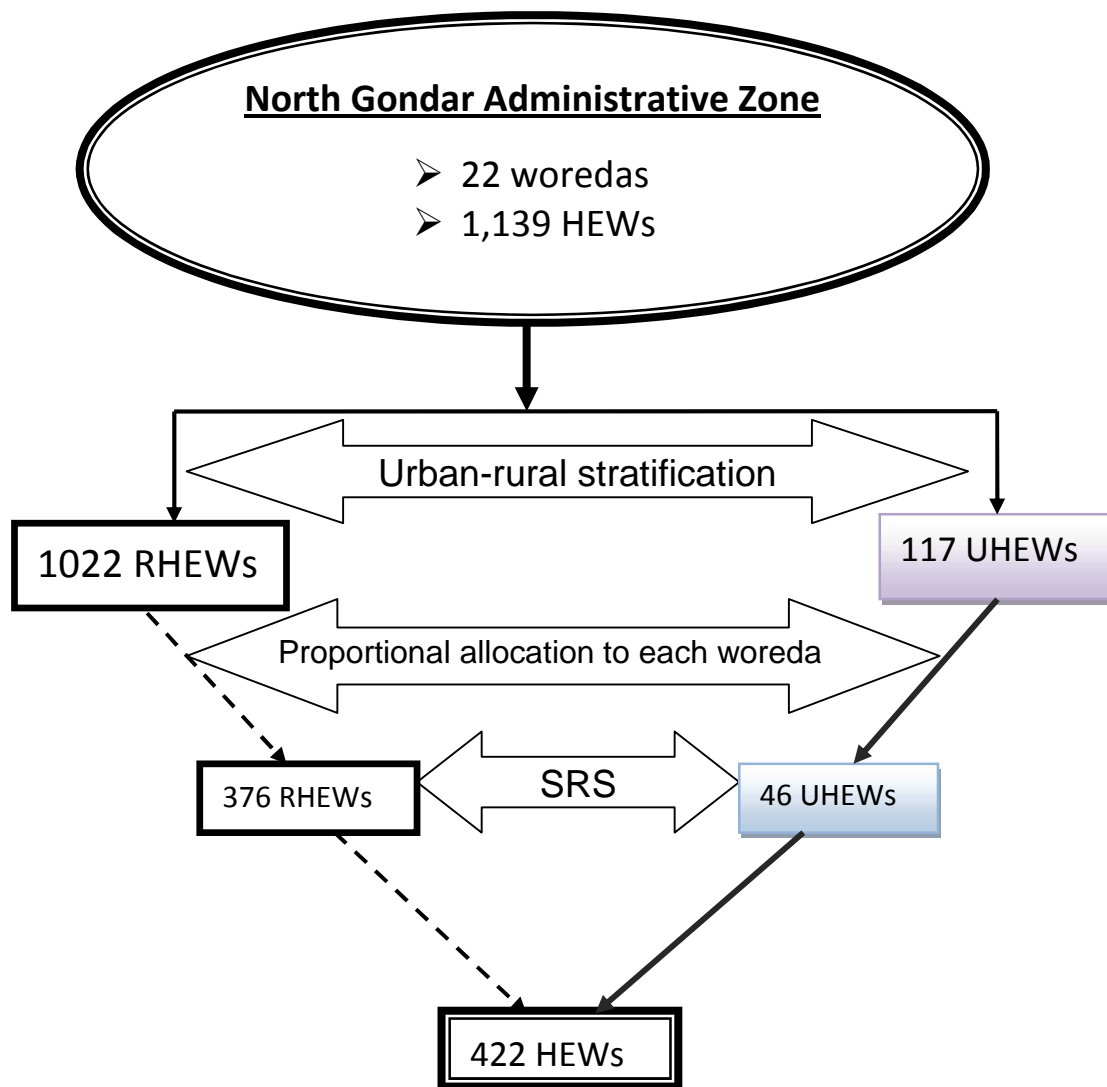


Figure 2 Diagrammatic presentation in sampling procedures of job satisfaction and associated factors among HEWs in North Gondar Administrative zone, Northwest Ethiopia, 2014

3.5. Variables of the Study

3.6.1 Dependent Variable

- Level of Job satisfaction/satisfied or un satisfied/

3.6.2 Independent variables

Socio demographic characteristics

- *Age*
- *Level of education*
- *Marital status*
- *No of children*
- *Spouse residence*
- *Parents residence*
- *Year of experience*

Organizational factors

- Salary
- In service training
- Career structure
- Transfer
- Upgrading

Work factors

- Work itself
- Work place
- Work load/working hours/
- *Kebele population*
- *Housing*
- *No of HEWs*

Management factors

- Supervision
- Evaluation

- Communication
- Recognition

3.6. Operational definitions

- **Job satisfaction** – Job satisfaction is defined as the degree to which people like their jobs. It is dependent variable which is measured on a five-point likert rating scale, with endpoints 1= very dissatisfied to 5 = very satisfied developed by Minnesota University [41]. Fifteen predictor variables used to measure job satisfaction. After adding the results, it was changed to dichotomous using median as a cut of point which was 47.0 in this case.
- **Satisfied** – Score above or equal to the median from a cumulative of 75 questions.
- **Dissatisfied (not satisfied)** - Score less than the median from a cumulative of 75 questions.
- **In service training** – Any form of formal skill developing short term training given by Cluster HC, WorHO, zonal health department, Regional Health Bureau, FMoH or in collaboration with any stakeholder.
- **Evaluation-** Performance appraisal that is given formally by the nearest supervisor in written form and attached to workers file or used for decisions such as promotion or demotion..
- **Communication** - the exchange of information between two people usually positive and constructive
- **Kebele** -The lowest governmental administrative unit in the country where the HEP service delivery is organized and on average has a population of 5000 people.
- **Health extension package (HEP):** Is a package of basic and essential promotive, preventive and curative health services targeting households in a community, based on the principle of Primary Health Care (PHC). It includes 16 essential health packages under four major program areas.
- **Rural health extension workers (RHEWs).** Are female, grade 10 complete and trained for one year on the major health extension packages (HEPs) and

assigned at each rural kebele health post to serve for estimated 5000 population.

- **Urban health extension workers (UHEWs).** They are clinical professionals with 3 years of nursing education and an additional 3 months training on public health skills and assigned in urban kebeles. Many activities are similar to the rural health extension activities some key differences include prevention and control of NCDs, mental health, violence and injury prevention.
- **Health post:** A health post is a two-room structure of most peripheral health care unit and the first level for the provision of healthcare for the community, emphasizing preventive and promotive care.
- **Recognition:** The acknowledgment of something as valid or as entitled to consideration
- **Transfer:** Changing work place (kebele) of health extension workers usually done annually by Civil Service and woreda health offices based on the request of health extension workers and some predefined rules.
- **Upgrade:** is the advancement of an employee's rank or position in an organizational hierarchy system

3.7. Data collection Procedure and Data Quality control

Data collection for quantitative study was carried out by using pre tested self administered questionnaire. Twenty data collectors (clinical nurses) and 5 supervisors (woreda health officers) were assigned for data collection. For qualitative study purposively selected key informants were interviewed by the principal investigator in strictly private condition.

Before the data collection, the questionnaire was translated to Amharic and then back translated to English by three different individuals. Finally, Amharic version was used. Pre test was conducted in South Gondar zone, Ebinat woreda among 32 HEWs. The questionnaire was then assessed for its clarity, length and completeness. Some skipped patterns were then corrected. The data collectors and supervisors were oriented for half a day on the tools, overall objectives of the study and data

collection procedures at six month zonal review meetings in Maksegnit, Debark and Metema clusters.

During data collection, the respondents were given brief orientation before they start to fill the questionnaire and they have allowed enough time to address all questions. To insure the quality of the data, there was frequent mobile communication with data collectors and supervisors before and during data collection dates. There was also a daily summary report between the principal investigator and supervisors, therefore, troubleshot problems were minimized. In addition, inspection for completeness and quality of data collection was carried out daily by the supervisors before they send it to the principal investigator.

The collected data were again reviewed and checked for completeness by the principal investigator before data entry and only six questionnaires were found incomplete and registered as non response. EPI-INFO version 3.5.3 based templates, which are designed based on the coding done by the principal investigator (PI), was used for quantitative data entry. The collected and checked data were entered in to computer by the PI and 10% of the entered data were randomly selected and cross checked for reliability with the respective original data.

In-depth interview was conducted at three different woredas using semi structured interviews guide questions prepared in Amharic, asked by the principal investigator with the help of a note taker and with their permission, tape record was done, so any of the issues interviewed was not missed.

3.8. Data management and analysis

Data were entered on to EPI INFO, cleaned phase by phase and exported to SPSS version 20 for further analysis. Descriptive statistics and summary tables were generated using cross-tabulation comparing outcomes with predictor variables. Binary logistic regressions employed to measure dichotomous variables then all variables entered to multiple logistic regressions model for controlling confounding effects with backward likelihood ratio method and simultaneously the Hosmer-Lemeshow goodness of-fit test was checked. P-value <0.05 used to declare level of statistical significance and 95% confidence interval was used to identify significant

factors associated with job satisfaction. Odds ratio with 95% CI used to determine the strength and direction of association between job satisfaction and determinant factors.

For the qualitative methods, the audio taped data and the detail notes were transcribed and translated into English by the principal investigator. Interviewed transcripts then entered into a computer program to facilitate data management. Coded and categorized using open code soft ware version 3.4 and analyzed thematically based on key concepts identified from the literature.

4. Ethical clearance

Ethical clearance was obtained from the Ethical Committee of institution of Public Health, CMHS, University of Gondar. Official letters were given to Amhara National Regional State Health Bureau, North Gondar Zone Health Department and all woreda health offices. Permission was obtained from each study woreda. Before enrolling any of the eligible study participants, the purpose and the benefits and the confidential nature of the study was clearly described for each participant, informed consent was taken from each study participants before they fill the questionnaire and no participant was unwilling to fill and to be interviewed the questions. Name and kebele or any identifier was not written on the questionnaire as well as on the tape record and the confidentiality of the data was kept at all level of the study.

5. Results

5.1. Socio-demographic characteristics of the study participants

From a sample of 422 HEWs, 416 completed the questionnaire making a response rate of 98.57%. Out of the total of 416 respondents, 370 (88.9%) were rural health extension workers and 46 (11.1%) urban health extension workers (UHEWs). The mean age of respondents is 26.6 years, with SD=2.571 and ranged from 20 to 34 years. Most of the respondents 312 (75%) were certificate HEWs, followed by HEW practitioners 58 (13.9%) and diploma nurses for urban kebeles 46 (11.1%).(Table one)

Table 1 Socio demographic characteristics of selected HEWs in North Gondar zone, Northwest Ethiopia, 2014

| Variables | Frequency | Percent |
|--------------------|-----------|---------|
| Age | | |
| 20-24 | 70 | 16.8 |
| 25-26 | 144 | 34.6 |
| 27-28 | 113 | 27.2 |
| >=29 | 89 | 21.4 |
| Level of education | | |
| Level-3 | 312 | 75 |
| Level-4 | 58 | 13.9 |
| Nurse | 46 | 11.1 |
| Year of experience | | |
| 1 to 3 yr | 74 | 17.8 |
| 4 to 6 yr | 162 | 38.9 |
| 7 to 9 yr | 180 | 43.3 |
| Marital status | | |
| Single | 122 | 33.7 |
| Married | 256 | 57.2 |
| Divorced | 34 | 8.2 |
| Widowed | 4 | 1 |
| Spouse residence | | |
| The same kebele | 69 | 26.8 |
| Other kebele | 188 | 73.2 |
| Parent residence | | |
| The same kebele | 121 | 29 |
| Other rural kebele | 197 | 47.4 |
| Other urban kebele | 98 | 23.6 |

Supervision was made from cluster health centers, woreda health offices and nongovernmental organizations with their decreasing order of frequency. Supervision was strongly conducted among RHEWs as compared to the UHEW counterparts. Some rural health extension workers were supervised more than eight times in the last six months.

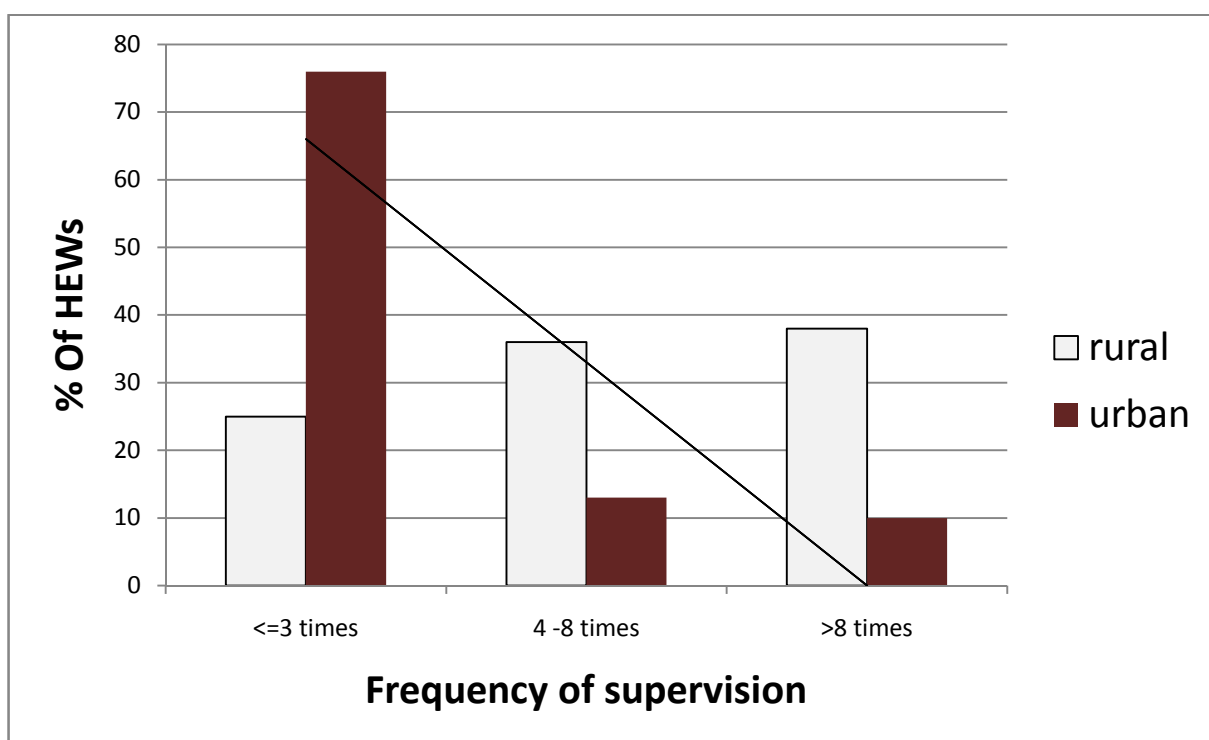


Figure 3 Frequency of supervision among HEWs in North Gondar Administrative zone, Northwest Ethiopia, 2014

Almost all HEWs were given at least one in service training in their work time. Among this majority (80%) of rural HEWs participated more than two trainings as compared to UHEWs (41%).

Based on their parents' residence majority (71%) of HEWs were from other kebeles,(fig. 4.)

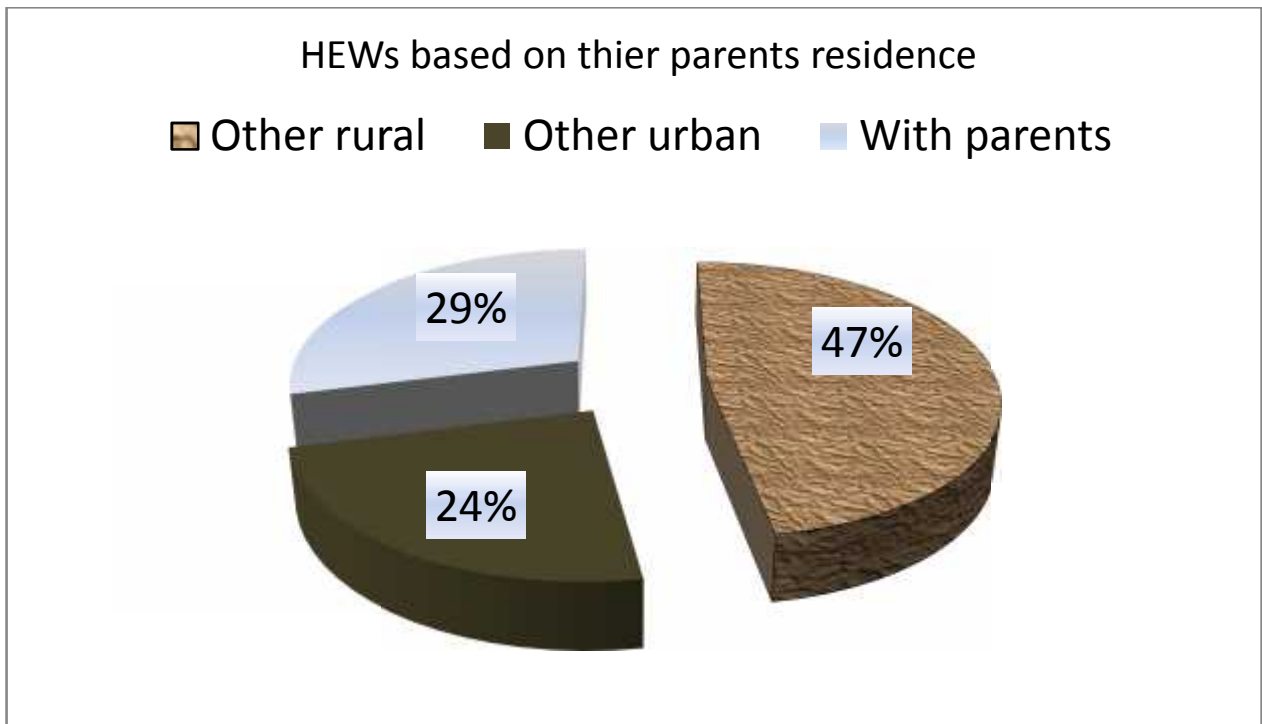


Figure 4 Parents residence of HEWs in job satisfaction and associated factors among HEWs in North Gondar Administrative zone , Northwest Ethiopia, 2014

5.2. Level of Job satisfaction

This study tried to look at the level of overall job satisfaction of HEWs based on the fifteen sub scales of satisfaction questions using the median as a cut of point. This revealed that nearly half (51.9%) of respondents were satisfied with their job. Participants were satisfied with 10 job satisfaction subscales, but unsatisfied with rest of five. The highest level of job satisfaction was reported for helping the community (mean 3.9) followed by training (mean 3.74) and the lowest was recorded from upgrades done (mean 2.53) followed by salary (mean 2.7), (Fig. 5).

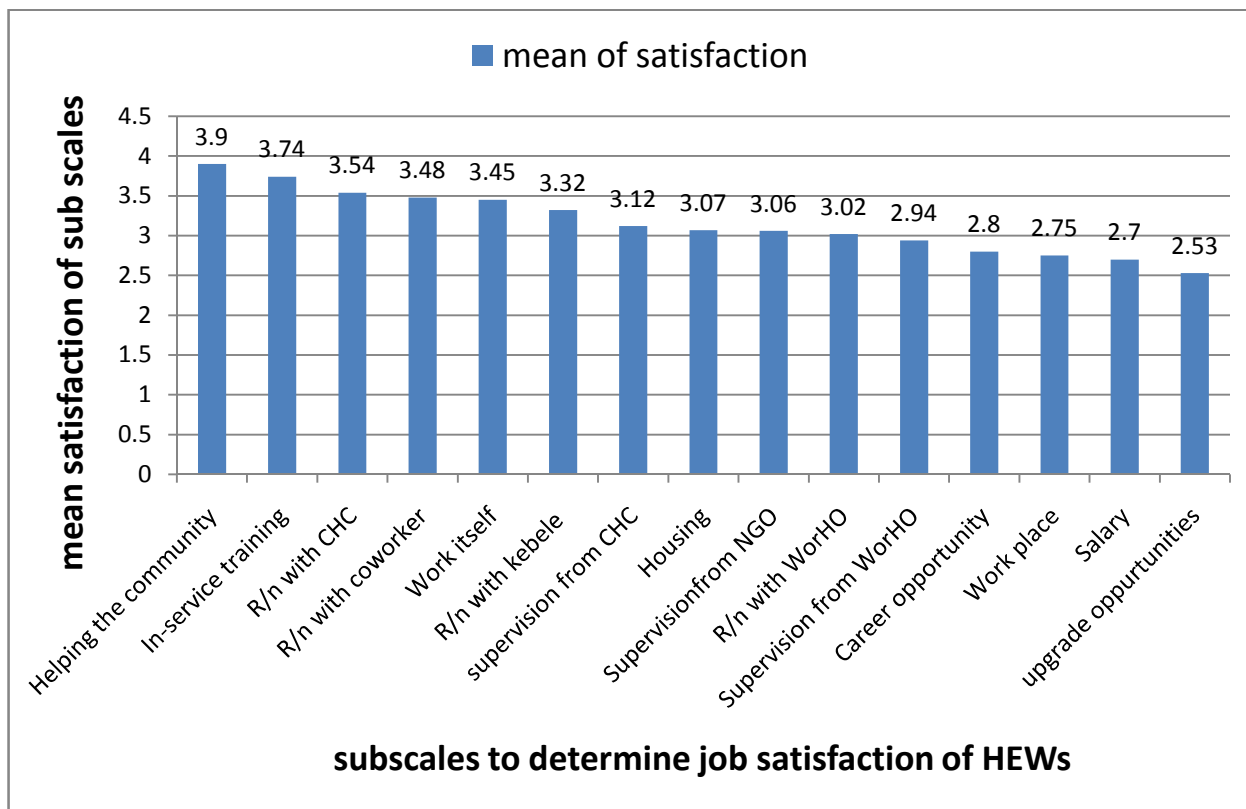


Figure 5 Mean of responses of the study participants for satisfaction subscale questions

Based on this, rural health extension workers were more satisfied than urban health extension workers (56.2% and 17.4% respectively). The majority of in-depth interview results were similar to the quantitative findings. Regarding the level of overall satisfaction, in-depth interview participants said that RHEWs are more satisfied than UHEWs because they are more supported with trainings and supervisions.

In the in-depth interview one woreda health office head stated it as: “...*rural health extension program is supported by many stakeholders, most of which are NGOs and, they usually facilitate and plan to give short term trainings earmarked only for rural health extension workers..*.” A 25 year old UHEW also said that “...*I have worked for more than three years but still I have participated only TB/HIV training. Even it by itself had not sufficient per diem...*”

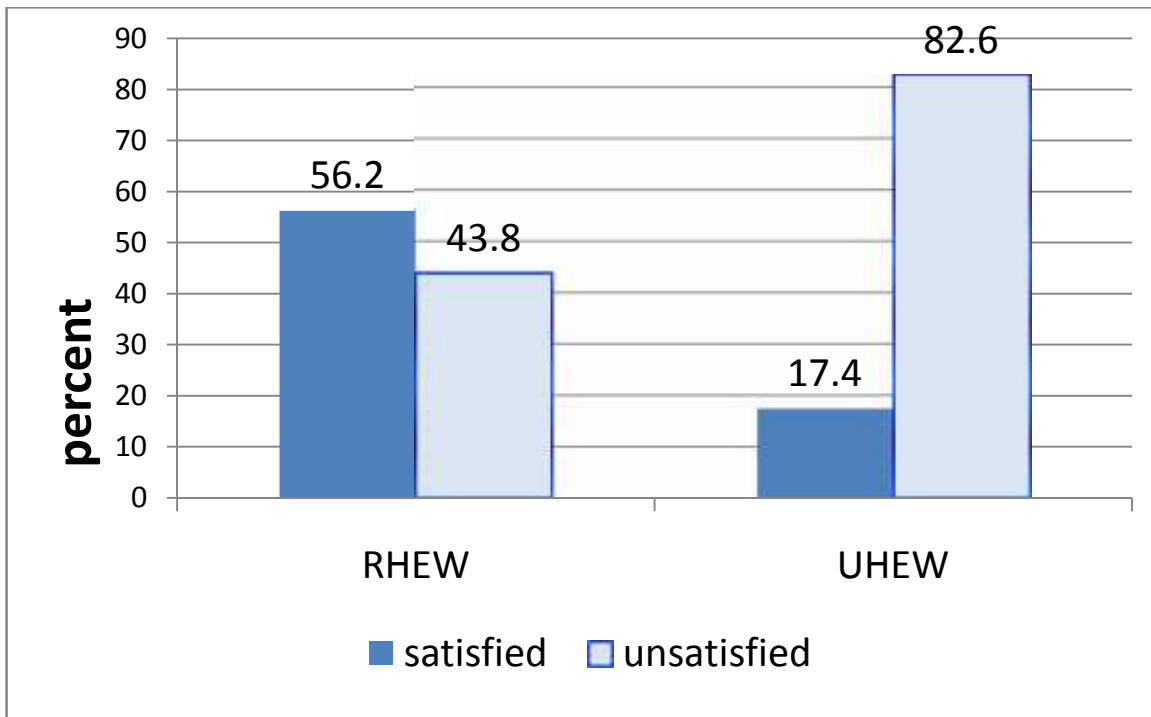


Figure 6 Job satisfactions of urban and rural HEWs in North Gondar Administrative zone, Northwest Ethiopia, 2014

Figure 6 Job satisfactions of urban and rural HEWs in North Gondar Administrative zone, Northwest Ethiopia, 2014

Job satisfaction of HEWs was inversely related with their experience as shown in Fig.6. And most in-depth interview respondents also agreed with this. One health center head said it as: "...more experienced HEWs are usually compliant by raising their benefits only and claiming as they lost their advantages...."

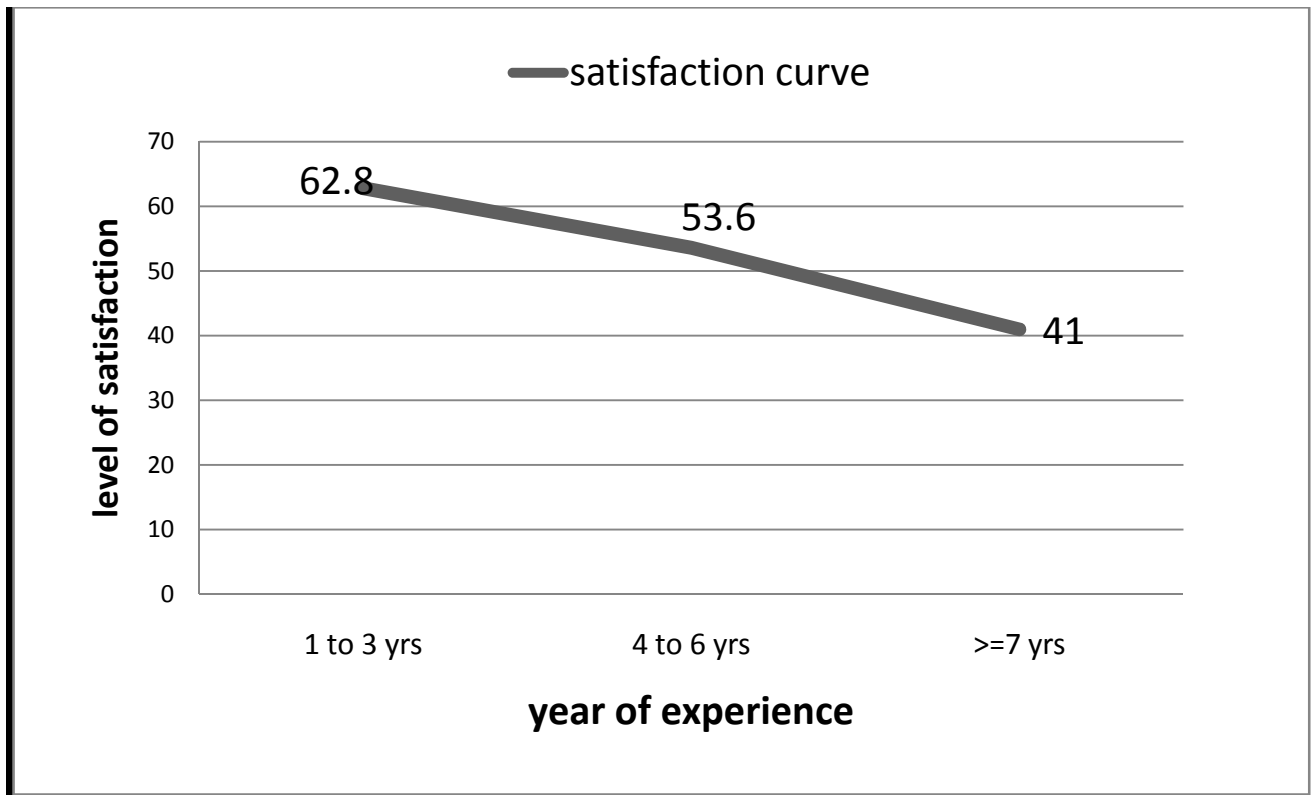


Figure 7: Trend of job satisfaction versus experience among HEWs in North Gondar Administrative zone, Northwest Ethiopia, 2014

5.3. Factors associated with job satisfaction for HEWs

Ten variables were statistically significant when computed in the bi-variate analysis. But after adjusting all the above variables using multivariate analysis, only parent's residence, training, transfer, supervision, year of experience age and urban /rural/ sustain to be significant.

Urban health extension workers tend to be less satisfied as compared to their rural counterparts (AOR: 0.326, 95%CI: 0.112- 0.947). Supervision was also another factor strongly associated with job satisfaction, HEWs who were supervised frequently were nearly 9 times more likely to be satisfied on their job compared to those who were rarely supervised (AOR: 9.24, 95%CI: 4.7-18.0). In-service training given (>3 times) was nearly fourfold (AOR: 4.1, 95%CI: 2.16-8.04), training (2-3 times) was also nearly twofold (AOR: 2.03, 95%CI: 1.06-3.92) times more likely to satisfy on their job as compared to (0-1times) trainings given. A 26 year old rural

health extension worker said about it as “...as a HEW it is not the salary or other thing that makes you to stay to work, rather it is the training given at different times ...”

With regard to parents residence HEWs who came from other rural places were two times (AOR: 2.39, 95%CI; 1.31-4.34) more likely to be satisfied on their job. The same result was reported from the in-depth interview respondents. As year of experience increases HEWs job satisfaction decreases as compared to newly employed ones. HEWs with year of experience (>7 years) were less likely to be satisfied (AOR: 0.13, 95% CI: 0.06- 0.027). Respondents who got the chance to be transferred to other kebeles were two folds (AOR: 2.28, 95%CI: 1.35-3.86) more likely to be satisfied.

Older age (>28 years) was nearly threefold (AOR: 3.21, 95% CI: 1.32-7.77), age group (25- 26 years) were also more than two fold (AOR: 2.75, 95%CI: 1.31 – 5.75), more likely to be satisfied as compared to less than 24 years old.

Table 2: Bivariate and Multi variable analysis (Factors associated with job satisfaction among HEWs in North Gondar Administrative zone, Northwest Ethiopia, 2014)

| Variables | job satisfaction | | COR (95%CI) | AOR (95%CI) |
|----------------------------|------------------|----------|--------------------|------------------|
| | Yes | No | | |
| Age | | | | |
| <= 24 | 29(41.4) | 41(58.6) | 1 | 1 |
| 25 – 26 | 81(56.2) | 63(43.8) | 1.82(1.02,3.24)* | 2.75(1.31,5.75)* |
| 27-28 | 54(47.8) | 59(52.2) | 1.29(0.71,2.36) | 1.97(0.88,4.4) |
| >=29 | 52(58.4) | 37(41.6) | 1.98(1.05,3.75)* | 3.21(1.32,7.77)* |
| Parent residence | | | | |
| Same kebele | 48(39.7) | 73(60.3) | 1 | 1 |
| Other rural | 127(64.5) | 70(35.5) | 2.75(1.73,4.4)** | 2.39(1.3,4.34)** |
| Other urban | 41(41.8) | 57(58.2) | 1.1(0.63,1.88) | 1.10(0.55,2.18) |
| Year of experience | | | | |
| 1 -3 | 76(62.8) | 45(37.2) | 1 | 1 |
| 4 – 6 | 81(53.6) | 70(59) | 0.685(0.42,1.11) | 0.55(0.28,1.06) |
| 7- 9 | 59(41) | 85(47.2) | 0.41(0.25,0.67)** | 0.13(.06,0.27)** |
| Salary(ETB) | | | | |
| <1000 | 31(56) | 24(44) | 1 | 1 |
| 1000-1400 | 126(61) | 81(39) | 1.2(0.66,2.19) | 0.9(0.35,2.7) |
| >=1400 | 59(38) | 95(62) | 0.48(0.25,0.89)* | 1.9(0.42,8.9) |
| Training | | | | |
| <=1 | 28(27.2) | 75(72.8) | 1 | 1 |
| 2-3 | 78(51.3) | 74(48.7) | 2.82(1.64,4.83)* | 2.0(1.06,3.92)* |
| >3 | 110(68.3) | 51(31.7) | 5.77(3.34,9.9)** | 4.17(2.1,8.04)** |
| Supervisions(last 6 month) | | | | |
| <4 | 32(25) | 96(75) | 1 | 1 |
| 4-8 | 73(52.5) | 66(47.5) | 3.32(1.9,5.5)** | 3.0(1.6,5.79)** |
| >8 | 111(74.5) | 38(25.5) | 8.76(5.08,15.09)** | 9.2(4.7,18.0)** |

Bivariate and Multi variable Cont'd

Transfer

| | | | | |
|-----|-----------|-----------|------------------|-------------------|
| No | 106(41.2) | 151(58.8) | 1 | 1 |
| Yes | 110(69.2) | 49(30.8) | 3.19(2.1,4.85)** | 2.28(1.35,3.86)** |

House

| | | | | |
|------------------------|-----------|-----------|-----------------|-----------------|
| Owned by private | 113(50.4) | 111(49.6) | 1 | 1 |
| Travelling nearby town | 14(51.9) | 13(48.1) | 0.92(0.55,1.53) | 1.1(0.36,3.44) |
| One room of the HP | 46(55.4) | 37(44.6) | 0.97(0.40,2.33) | 0.65(0.33,1.27) |
| Gov't/public made | 43(52.4) | 39(47.6) | 1.12(0.61,2.08) | 0.77(0.38,1.5) |

Work load

| | | | | |
|--------|----------|----------|-----------------|----------------|
| Low | 81(48.8) | 85(51.2) | 1 | 1 |
| Medium | 84(48.3) | 90(51.7) | 0.97(0.64,1.49) | 1.07(0.60,1.9) |
| High | 51(67.1) | 25(32.9) | 2.14(1.21,3.7)* | 1.46(0.79,3.3) |

Type of HEW

| | | | | |
|------|----------|----------|--------------------|-------------------|
| RHEW | 208(56%) | 162(44) | 1 | 1 |
| UHEW | 8(17.4) | 38(83.6) | 0.16(0.07, 0.36)** | 0.32(0.11, 0.94)* |

Note: 1.00=Reference **=p<0.001 * =p<0.05

5.4. Some qualitative findings not well addressed by the quantitative method

Ten respondents were interviewed for the qualitative methods in three different woredas (Table 3).

Table 3 in- depth interview respondents in a study of job satisfaction and associated factors among HEWs in North Gondar Administrative zone Northwest Ethiopia, 2014

| Organization | Respondents | Number |
|----------------------|--------------------------------|-----------|
| Kebele | Rural health extension workers | 2 |
| | Urban health extension workers | 2 |
| | Kebele Administrators | 2 |
| Health center | Health center heads | 2 |
| Woreda health office | WorHO heads | 2 |
| | Total | 10 |

Almost half of the respondents said that poor achievement and sustainability issue of the health extension package was one of the factors that dissatisfy health extension workers.

A 48 years old kebele administrator said the condition as “...*agricultural extension activities were mobilized by the community and immediately you can observe the results ... but HEP were not done in such a manner and even what you perform this year will not stay for next year....this makes HEWs to be hopeless in their job*” A 29 years old woreda health office head raise similar idea about the health extension package. “... *HEWs stay long in the community and if they had poor achievement on extension packages they become dissatisfied and soon plan to quite their job.*”

Work place and parents residence was raised by many respondents as the determinant factor for job satisfaction of HEWs.

A 48 years old kebele administrator explained the condition as “... *One of the HEWs is selected in our kebele and the other was selected two kebeles away from this. But the community complains on the one who is with her parents kebele because she did not give fair and equal service for the community; even if there is no simple service*

like vaccination, she is always biased towards her families. But when you come to the second HEW she treats the community equally and equitably, she cannot say this is my family and that is not. Therefore the community like and believe her. Due to this the second HEW is usually happy with her job.

Work load was also strongly raised by the respondents. They raised the issue in that sixteen health extension packages is very difficult to address by two HEWs.

A twenty four years old rural health extension worker said “....health extension package is very vast and multi-disciplinary in its nature; most of the services like vaccination, family planning, delivery, TB treatment and the like cannot be interrupted by their nature at the end of the day you will be very tired, and for me I will immediately leave the job if I got a choice...”

Poor attention by the health sector staff and other stake holders, lack of clear job description of urban health extension workers and poor working conditions were found to be reasons for low job satisfaction of urban health extension workers.

A twenty five years old urban health extension interviewee explain it as “. . . after we have employed as UHEW no one visits as. We have not rooms to give services to the community; the woreda health office as well as the kebele did not support our work. One woreda health office head also shared this idea stating it as “. . . all the health sector team intensively supports the rural sites . . . woreda and kebele Cabinets also centered rural health extensions...”

6. Discussions

In this study, slightly more than half (51.9%), 95% CI: (47.1, 56.1) of the respondents were found to be satisfied with their job. This result was in line with the findings in South Africa health professionals (52.1%) [4] and Southern Ethiopia public health nurses (50.6%) [14], but higher than in studies done among health professionals in Pakistan 41% [2] and Jimma University Hospital (41.4%) [15]. However it was lower than from the findings in health professionals in Tanzania (82.6%) [4], Malawi (71%)[4] and pharmacy professionals in Southwest Ethiopia (60.8%) [13]. These variations may be due to infra-structure, economical, organizational or the type of instruments used.

This study demonstrated that there was higher satisfaction among rural health extensions (56%) than urban counterparts (17.4%). This finding is nearly similar with a study among rural and urban health workers in Nigeria in which their level of satisfaction was 62.5% and 16.5% respectively [21]. Most of in-depth interview participants also agreed that UHEWs are more unsatisfied than RHEWs. Their reasons were lack of in-service training, lack of supportive supervision and lack of job clarity. One woreda health office head stated it as: *“...rural health extension program is supported by many stakeholders, most of which are NGOs and, they usually facilitate and plan to give short term trainings earmarked only for rural health extension workers.....even if there are some rare trainings for urban HEWs, you can't give per diem for them as this contradicts the financial rule and this usually dissatisfies UHEWs....”* A 25 year old UHEW also said that: *“...I have worked for more than three years but still I have participated only TB/HIV training. And even it by itself had not sufficient per diem...”* the other also said *“....UHEWs are neglected after initial training, we have not health posts to give service, neither the woreda health office nor the kebele administrative supports as ...”* and all these are concordant with findings of the quantitative results.

In our finding, frequently supervised HEWs were nearly nine times more satisfied than unsupervised or rarely supervised HEWs. This may be due to the fact that supervised groups can get job clarity, create better communication, feedback on how

well they are doing and sense of belongingness. This result is similar to studies done in Papua New Guinea among rural health workers in which job satisfaction of rural nurses increases as supervision from immediate supervisor increases [19], and too with studies in Pakistan, Vientiane and Bahrain rural health workers and a study in Nigeria [2, 17, 21, 35].

Job satisfaction was inversely associated with experience. This result was similar with most in-depth interview respondents' idea. One health center head said it as:

“...more experienced HEWs are usually compliant by raising their incentive side only and claiming as they lost their advantages....”

This result is also consistent with the study done among nurses working at public health facilities in Southern Ethiopia. Less work experience, results lower levels of emotional exhaustions, which is positively related with job satisfaction [14, 21]. It is also in line with the studies done on assessment of working conditions of the first batch of health extension workers in Ethiopia, as investigated by Center for national development in Ethiopia and Colombia University [10] and many studies globally [8, 28]. The result of this study, however, contradicts with the result in Papua New Guinea rural health workers in which job satisfaction of rural nurses increases as experience increases and is minimum at beginners [19]. This may be due to variations in geo-political or social conditions.

Our study revealed that training was significantly associated with job satisfaction. HEWs that got more training were more satisfied than those who didn't or got less.

This finding is similar with study results in Pakistan among public health professionals and health care nurses [2, 32], with study results in Indian public and private nurses [1], and South African public nurses [31].

Transfer was also significantly associated with Job satisfaction. Those who were transferred are 2.28 times more satisfied than those who did not get the chance. This is similar with the finding of the study of working conditions of health extension workers in Ethiopia. Selection of HEWs from the kebele in which they will be working after graduation which was assumed to guarantee a reasonably long service to the community at the kebele level, was flawed [11]. Another analogous finding in our

study is that, HEWs who work other than their parents kebele are greatly satisfied than those who work in their original kebele [AOR=2.39(1.3, 4.34) at 95% CI]. This is in line with the qualitative in-depth interview results. One health center head said “. . . As known, most of HEWs do not want to serve in their parents’ kebele, this is because their family related persons want to get special service from them. Latter this raises question by the community and kebele leaders which decreases acceptance of HEWs by the general community and subsequently they and even the community asks you to transfer them. . . . In contrast to this, HEWs who came from other kebeles did not face such challenges and the community as well.....”

One kebele administrator also said that “...there are two HEWs in our kebele, one was selected in this kebele and the second from other area...usually the community favors the second HEW, she treat all individuals equally....she is respected by the people. Surprisingly mothers sometimes bypass the service if only the indigenous HEW is available. This always creates disagreement between the two HEWs”, and they usually call me for solutions.”

The association of age with job satisfaction in most literatures had a blurred finding. Some drew a conclusion with series of research that, it can be explained as a ‘U’ shaped function, lowest at the middle and highest at the extremes [18, 20]. National job satisfaction survey in Denmark clearly shows that age of employees is linearly associated with satisfaction [22]. This was supported with a study in Papua New Guinea among rural health workers [19] and study results among health workers in three African countries, Tanzania, Malawi, and South Africa [4]. But a study in southern part of Ethiopia among public nurses showed highest satisfaction at the middle age [14]. Others investigate as older age group of health professionals are more satisfied than youngsters [19, 23]. After all, in our study, the association of age for job satisfaction was not linear, it is maximum at age group ≥ 29 years and minimum at 27-28 age groups. For our age classification the satisfaction has ‘N’ shaped trend. The above different findings may be due to the variations in age categorization and some study populations had narrow age ranges, which makes difficult to generalize.

Most of the qualitative findings were in line with the quantitative results. But there are some key findings not addressed in the quantitative methods.

Almost half of the respondents said that poor achievement and sustainability issue of the health extension package was one of the factors that dissatisfy health extension workers.

A 48 years old kebele administrator said the condition as *“...agricultural extension activities were mobilized by the community and immediately you can observe the results ... but HEWs were not done in such a manner and even what they perform this year will not stay long....this makes HEWs to be hopeless in their job”* A 29 years old woreda health office head raise similar idea about the health extension package. *“... HEWs stay long in the community and if they had poor achievement on extension packages they become dissatisfied and soon plan to quite their job.*

Work load was also strongly raised by the respondents. They raised the issue in that sixteen health extension packages are very difficult to address by two HEWs.

A twenty four years old rural health extension worker said *“....health extension package is very vast and multi-disciplinary in its nature; most of the services like vaccination, family planning, delivery, TB treatment and the like cannot be interrupted by their nature at the end of the day you will be very tired, and for me I will immediately leave the job if I got a choice...”*

7. Limitations and strengths of the study

Limitations

- ✓ It does not show the order (level of satisfaction) of the dependent variable
- ✓ There may be recall and self reporting bias

Strength

- ✓ The quantitative study was supplemented with In-depth interview
- ✓ Higher response rate

8. Conclusion

The result of this study revealed important findings with regard to job satisfaction of health extension workers in North Gondar Administrative zone. Among 416 HEWs who respond the questionnaire almost half of them were found to be satisfied. The level of satisfaction for urban and rural health extension workers had large gap. Frequent supervision, training, transfer, elder age and out of parent employment were reasons for higher job satisfaction.

However, lack of supervision, lack of training and transfer, being in the parent's kebele and higher experience were reasons for low level of job satisfaction of HEWs.

9. Recommendations

Based on the findings, therefore, the following recommendations are forwarded;

1- To Ministry of Health and Amhara Regional Health Bureau:

- ✓ It is necessary to design sustainable in-service training and refreshment programs for urban HEWs in collaboration with stakeholders and NGOs
- ✓ It would be better to clearly announce the job description of urban HEWs to stakeholders and prepare working guidelines for urban HEWs.
- ✓ It would be better to reconsider the previous directives and to put flexible rules and regulations to facilitate transfer mechanisms and to select HEWs from neighboring kebeles as far as their language, cultural and social factors are similar.

2- To North Gondar health department, district health offices and cluster health centers.

- ✓ Like rural health extension workers efforts would also be strengthened to supportive supervisions for urban health extensions.
- ✓ It is better to strongly link urban HEWs with stake holders
- ✓ It is advisable to design promotion and carrier mechanisms to sustain experienced health extension workers

3- **To the community at large**

- ✓ There is a need to strengthen social support to health extension workers at the community level which promote to sustain and adapt HEWs with the community.

4- To researchers and academicians

- ✓ Large scale study using ordinal scale is also recommended to strengthen the findings of this study and to have a broader view on the field.

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11. Annexes:

Annex I Map of the study area



Source : Bureau of Amhara regional Finance and Economic developemnt

Annex II English Questionnaire

CONSENT FORM

A questionnaire to determine the level of job satisfaction and factors associated with it among HEWs in North Gondar Administrative Zone.

Hello!! Good morning/good afternoon? My name is -----and is a data collector for the research to be conducted by a team of researcher from university of Gondar. We are conducting a study on the job satisfaction of HEWs currently working in North Gondar Zone woredas.

Participating in the study mayn't directly benefit you but your participation has a great role for this study. The result of the study will help to develop good management systems and better work conditions for HEWs which are vital for sustainability of HEP. Finally the result will be disseminated to different organization to be used as a baseline for their decision making and as a reference for other research as well. The questionnaire may take maximum of 20 minutes and I assure you that any information you gave will be confidential since the name or kebele is not written on any paper. The analysis will not be performed on individual level. So please respond to the entire questionnaire.

Person to contact:

This research project will be reviewed and approved by the ethical committee of the University of Gondar. If you want to know more information, you can contact the team of the research by the following address below.

1- Mr. Geta Asrade (BSc): University of Gondar, CMHS, IPH.

Cell phone: +251- 09 13729042

2- Dr. Gashaw Andargie (MPH, PhD): University of Gondar CMHS, IPH.

Cell phone: +251-09 11 385423

3- Dr. Kassahun Alemu (MPH, Ph.D.) University of Gondar CMHS, IPH.

Cell phone: +251-09 11752466

May I get your permission to continue please?

Yes

☐

No

☐

Structured questionnaire to determine the level of job satisfaction and associated factors among HEWs

Woreda code.....

Part I: Socio demographic factors

| | | |
|-----|--|---|
| 101 | Type of HEW is | 1. Rural kebele 2. Urban Kebele |
| 102 | Age | _____. yr. |
| 103 | Your level of education is? | 1-Certificate HEW (Level - 3) 2- HEW Practitioner (Level - 4) 3- Diploma Nurse 4- other (specify) -----. |
| 104 | Where is your parents residence? | 1- With the kebele that I live now 2- Other rural area 3- Other urban area |
| 105 | Your marital Status is | 1- Single 2- Married 3- Divorced 4- Widowed |
| 106 | If married, where is your spouse's residence? | 1- With the kebele that I live 2- Other kebele |
| 107 | How many children (<5yrs) old living with you do you have? | ----- |
| 108 | How long have you worked as HEW? | -----yr |

Part II: Organizational Factors

| | | |
|-----|---|--|
| 201 | Your current salary is? | _____Ethiopian Birr |
| 202 | Do you get work place transfer after you are assigned your first place of work? | 1- Yes 2- No |
| 203 | Circle all the numbers containing the in service trainings that you take after you are employed | 1-IRT 2-ICCM 3-TB/HIV 4- Long acting FP 5-Delivery or PMTCT 6-EPI or cold chain |

Part III: Work Factors

| | | |
|-----|---|---|
| 301 | What is the total population in your kebele? | ----- |
| 302 | What is the distance of your kebele from the woreda town? | -----KM |
| 303 | What is(are) the number of HEWs working in your kebele? | ----- |
| 304 | Your working hour per a day is | 1.I work 8 or less hours a day 2.I work more than 8 hours a day 3. I work at night also 4.I work in the week end also |
| 305 | Regarding to your house in your kebele, I live in ----- | 1- One room of the HP 2- Public/government/ house 3- House owned by private individual 4- By travelling In the nearby town 5- Other (please specify)..... |

Part IV: Management factors

| | | |
|-----|--|-----------------|
| 401 | Have you ever been visited with any form of supportive supervision within the last 6 months? | 1- Yes 2- No |
|-----|--|-----------------|

If your answer is “Yes” in question number 401 then answer questions 402-404 by circling the number of supervisions from different stakeholders.

| No | Stakeholder | Frequency of supervision | | | | | |
|-----|--------------------------|--------------------------|---|---|---|---|----|
| 402 | Cluster health center | 0 | 1 | 2 | 3 | 4 | ≥5 |
| 403 | Woreda health office | 0 | 1 | 2 | 3 | 4 | ≥5 |
| 404 | NGO including ALMA L-10K | 0 | 1 | 2 | 3 | 4 | ≥5 |

| | | |
|-----|---|--|
| 405 | Do you have any form of performance appraisal within the last 12 months? | 1- Yes 2- No |
| 406 | If your answer is “Yes” in the above question, from where did you got the evaluation (PA) | 1- Kebele 2- cluster health center 3- woreda health office 4- other (please |
| 407 | Did you ever have any form of prize or recognition in your work (performance?) | 1- Yes 2- No |

Part V: satisfaction questions

- 1- If the question gives you more than you expected, circle 5 under “very satisfied”
- 2- If the question gives you what you expected, circle 4 under “satisfied”
- 3- If you cannot make up your mind whether or not the question gives you what you expected, circle 3 under “Neutral”
- 4- If the question gives you less than you expected, circle 2 under “dissatisfied”
- 5- If the question gives you much less than you expected, circle 1 under “very dissatisfied”

| | What is your level of satisfaction with.....? | Very satisfied | Satisfied | Un able to decide | Dissatisfied | Very dissatisfied |
|-----|--|----------------|-----------|-------------------|--------------|-------------------|
| 501 | Your Current Salary | 5 | 4 | 3 | 2 | 1 |
| 502 | Career advances given | 5 | 4 | 3 | 2 | 1 |
| 503 | In service trainings | 5 | 4 | 3 | 2 | 1 |
| 504 | Upgrades done | 5 | 4 | 3 | 2 | 1 |
| 505 | Your working place (kebele) | 5 | 4 | 3 | 2 | 1 |
| 506 | Your living house | 5 | 4 | 3 | 2 | 1 |
| 507 | Helping the community | 5 | 4 | 3 | 2 | 1 |
| 508 | Relationship with Colleague HEWs | 5 | 4 | 3 | 2 | 1 |
| 509 | Relationship with kebele leaders | 5 | 4 | 3 | 2 | 1 |
| 510 | Relationship with HC staff | 5 | 4 | 3 | 2 | 1 |
| 511 | Relationship with Woreda health office staff | 5 | 4 | 3 | 2 | 1 |
| 512 | Style of Supervision from HC | 5 | 4 | 3 | 2 | 1 |
| 513 | Style of supervisions from woreda health office | 5 | 4 | 3 | 2 | 1 |
| 514 | Style of supervisions from NGOs including ALMA L-10K | 5 | 4 | 3 | 2 | 1 |
| 515 | Working as HEW? | 5 | 4 | 3 | 2 | 1 |

I have finished my questions.

Thank you very much for your time and participation!

Cheeked by supervisor/investigator/ Signature_____

Annex III Amharic questionnaire

በጎንደር ዩኒቨርሲቲ የህክምናና ጤና ሳይንስ ኮሌጅ የማህበረሰብ ጤና ሳይንስ ተቋም

የፈቃደኝነት ማረጋገጫ ቅፅ

በሰሜን ጎንደር አስተዳደር ዞን ስር ያሉ የጤና ኤክስቴንሽን ባለሙያዎች በስራቸው

ምን ያህል እንደሚረኩ እና ምክንያቶችንም ለማጥናት የተዘጋጀ መጠይቅ

ጤና ይስጥልኝ!! እንደምን አደሩ/እንደምን ዋሉ? ስሜ -----ይባላል፡፡ በጎንደር ዩኒቨርሲቲ የማህበረሰብ ጤና ተቋም በሰሜን ጎንደር ዞን ወረዳዎች ውስጥ ያሉ ጤና ኤክስቴንሽን ሙያተኞች በስራቸው ምን ያህል እንደሚረኩና በተያያዥ ጉዳዮች ላይ በሚያካሂደው ጥናት ላይ መረጃ ስብሰቢ ነኝ፡፡

በጥናቱ በመሳተፋችን የምናገኘው የተለየ ጥቅም የለም የሚደርስብን ጉዳትም የለም ሆኖም የእኛ ተሳትፎ ለጥናቱ ውጤታማነት ትልቅ ድርሻ አለው፡፡ የጥናቱ ውጤት በጤና ኤክስቴንሽን ሙያተኞች ስራ ላይ አሉታዊና አወንታዊ አስተዋጽኦ ያላቸውን ነገሮች በመለየት እና ባለድረሻ አካላት የጥናቱን ውጤት በመጠቀም ምቹ የስራ ሁኔታ ለመፍጠር ያስችላል ተብሎ ይታመናል፡፡ መጠይቁ 20 ደቂቃ ገደማ የሚወስድ ሲሆን ማንኛውም እርስዎ የሚሰጡት መረጃ ምስጢራዊነቱ እስከ ጥናቱ መጨረሻና ከዚያም በኋላ የተጠበቀ ነው፡፡ በመጠይቁ የትኛውም ቦታ ላይ ስምዎትንና ቀበሌዎትን እንዲሁም ማንነትዎን የሚገልጽ መረጃ አይመዘገቡም፡፡ በመጠይቁ አለመሳተፍ ወይም በፈለጉት ስዓት አቋርጠው የመውጣት መብትዎ የተጠበቀ ነው፡፡ ሆኖም የሚሰጡን መረጃ ወደ ፊት በጤና ኤክስቴንሽን ሙያተኞችና ፕሮግራም ላይ ለሚደረገው ማንኛውም እንቅስቃሴ ላይ የጎላ አስተዋጽኦ እንዳለው ተገንዝበው ጥያቄዎን በመመለስ ለሚያደርጉልን ትብብር ከልብ እናመሰግናለን፡፡

አድራሻ:

በማንኛውም ሁኔታ ተጨማሪ መረጃ ካስፈለገዎት ከሚከተሉት የጥናት ቡድኑ አባላት ውስጥ ደውለው ማነጋገር ይችላሉ፡፡

1. አቶ ጌታ አስራደ: በጎንደር ዩኒቨርሲቲ ህክምናና ጤና ሳይንስ ኮሌጅ በማ/ሰብ ጤና ተቋም የድህረ- ምረቃ ተማሪ፡፡

ሞባይል: +251- 09 13729042,

2. ዶ/ር ጋሻዉ አንዳርጌ: በጎንደር ዩኒቨርሲቲ ህክምናና ጤና ሳይንስ ኮሌጅ በማ/ሰብ ጤና ተቋም መምህር ፡፡

ሞባይል.: +251-09 11 385423,

3. ዶ/ር ካሳሁን አለሙ: በጎንደር ዩኒቨርሲቲ ህክምናና ጤና ሳይንስ ኮሌጅ በማ/ሰብ ጤና ተቋም መምህር ፡፡

ሞባይል: +251-09 11752466

በጥናቱ ለመሳተፍ ፍቃደኛ ነዎት?

አዎ

☐

አይደለሁም

☐

የወረዳ መለያ ኮድ.....

ክፍል 1 ማህበራዊ ሁኔታ

| ተቁ | መጠይቅ | መልስ |
|--|--|---|
| 101 | የሰለጠኑበት የጤና ኤክስቴንሽን አይነት | 1- የገጠር 2- የከተማ |
| 102 | እድሜዎት ስንት ነው? | _____ ዓመት |
| 103 | የትምህርት ደረጃዎት | 1. ሰርቲፊኬት ጤና ኤክስቴንሽን (ደረጃ -3) 2. ጤና ኤክስቴንሽን ፕራክቲሽነር (ደረጃ -4) 3. ነርስ 4. ሌላ ከሆነ (ይግለፁ)----- |
| 104 | የቤተሰብዎ መኖሪያ ቦታ መኖሪያ? | 1. አሁን በምስራብ ቀበሌ 2. ሌላ ገጠር ቀበሌ 3. ሌላ ከተማ ቀበሌ |
| 105 | የጋብቻ ሁኔታ? | 1. ያላገባ 2. ያገባ 3. የፈታ 4. የሞተበት |
| 106 | ያገቡ ከሆኑ የትዳር አጋርዎት መኖሪያ ቦታ? | 1. አሁን በምስራብ ቀበሌ 2. ሌላ ቦታ |
| 107 | ከ5 ዓመት በታች የሆኑ ከእርስዎ ጋር የሚኖሩ ስንት ህፃናት አሉዎት? | . _____. |
| 108 | በጤና ኤክስቴንሽን መቶ ለምን ያህል ዓመት አገለገሉ? | . _____ ዓመት |
| ክፍል 2 ከተቋሙ ጋር ተያያዥነት ያላቸው ሁኔታዎች | | |
| 201 | አሁን የሚከፈልዎት ደመወዝ ስንት ነው ? | . _____ ብር |
| 202 | ለመጀመሪያ ጊዜ ከተመደቡበት ቀበሌ ወጭ ዝግጁ ተሰርቶልዎት ያወቃል? | 1. አወ 2. የለም |
| 203 | ከሚከተሉት ውስጥ የስራ ላይ ስልጠና ያገኙት የትኞቹ ነው? (የሰለጠኑባቸውን ብቻ ያክብቡ) | 1-IRT(የተቀናጀ የማጠናከሪያ ስልጠና) 2-ICCM(የተቀናጀ የህፃናት ህክምና) 3-TB/HIV 4-Long acting FP(በክንድ ስር የሚቀበር መቆጣጠሪያ) 5-Delivery/PMTCT 6-EPI/cold chain/(ክትባትና የቅዝቃዜ ሰንሰለት) |

ክፍል 3: ከስራዉ ባህሪ ጋር የተያያዙ ጥያቄዎች

| ተቁ | መጠይቅ | መልስ |
|-----|--|--------------------------------|
| 301 | አሁን የሚሰሩበት ቀበሌ ህዝብ ብዛት ስንት ነው? | _____ |
| 302 | የሚሰሩበት ቀበሌ ከወረዳ ከተማ ምን ያህል ይርቃል ? | _____ ኪ/ሜ |
| 303 | እርስዎን ጨምሮ ከቀበሌዎት በቋሚነት የተመደቡ ስንት ጤና ኤክስቴንሽን ባለሙያዎች አሉ? | _____ |
| 304 | | 1. በቀን 8 ሰዓት ወይም ከዚያ ቢታች እሰራለሁ |

| | | |
|-----|---------------------------------------|---|
| | የሰራ ስዓትዎችን በተመለከተ ትክክለኛ የሆነውን ሁሉ ያካብቡ | 2.በቀን ከ8 ስዓት በላይ እሰራለሁ 3.ሌሊትም በተጨማሪ እሰራለሁ 4.እሁድና ቅዳሜን ጨምሮ እሰራለሁ |
| 305 | በሚሰሩበት ቀበሌ የሚኖሩበት የመጠለያ ቤት | 1. ከጤና ኬላ በአንደኛው ክፍል ውስጥ 2. ከጤና ኬላዉ ወጭ በመንግስት /በህ/ሰብ/ ተሳትፎ በተሰራ ቤት 3. ከግለሰብ ቤት 4. በአቅራቢያዉ በሚገኝ ከተማ በመመላለስ 5.ሌላ ካለ (ይግለፁ)----- |

ክፍል 4 ከአመራር ሰጭነት ጋር ተያያዥነት ያላቸዉ ጥያቄዎች

| | | |
|-----|--------------------------------------|---------------|
| 401 | ባለፉት 6ወራት ውስጥ ድጋፋዊ ጉብኝት ተደርጎልዎት ነበር? | 1.አዎ 2.የለም |
|-----|--------------------------------------|---------------|

በጥያቄ ቁጥር 401 ላይ መልስዎት አዎን ከሆነ ከጥያቄ ቁጥር 402-404 ላሉት የተዘረዘሩት አካላት ለምን ያህል ጊዜ ድጋፍ እንዳገኙ ትክክለኛዉን ቁጥር ያካብቡ

| No | ድጋፍ አድራጊ ተቋም | በ6ወር ውስጥ ለምን ያህል ጊዜ ድጋፍ አገኙ? | | | | | |
|-----|-----------------------------------|------------------------------|---|---|---|---|----|
| 402 | ክላስተር ጤና ጣቢያ | 0 | 1 | 2 | 3 | 4 | ≥5 |
| 403 | ወረዳ ጤና ጥበቃ ጽ/ቤት | 0 | 1 | 2 | 3 | 4 | ≥5 |
| 404 | መንግስታዊ ያልሆነ አካል (ALMA L-10K ጨምሮ) | 0 | 1 | 2 | 3 | 4 | ≥5 |

| ተቁ | መጠይቅ | መልስ |
|-----|---|---|
| 405 | ባለፉት 12 ወራት ውስጥ የአፈፃፀም ምዘና (ዉጤት ተኮር) ተሞልቶልዎት ያዉቃል? | 1.አወ 2.የለም |
| 406 | በጥያቄ ቁጥር 405 መልስዎ አወ ከሆነ የአፈፃፀም ምዘናዉ የተሞላልዎት በማን ነበር? | 1.በቀበሌ 2.በክላስተር ጤና ጣቢያዉ 3.በወረዳ ጤና ጥበቃ ጽ/ቤት 4.ሌላ (ከሆነ ቢገልፁት)----- |
| 407 | በስራ ዘመንዎ በፈፀሙት ተግባር ሽልማት(እዉቅና)ተሰጥቶዎት ያዉቃል? | 1.አወ 2.የለም |

ክፍል 5 የስራ እርካታን የሚለኩ ጥቂዎች

በሚከተለው መጠይቅ የስራ እርካታን የሚለኩ ባለ አምስት እርከን ጥያቄዎችን በተመለከተ ለእርስዎ ተስማሚ በሆነው ቦታ ስር ያለውን ቁጥር ያክበቡ ::

- 1- የተጠየቀው መጠይቅ ካሰብኸው በላይ እርካታ እየሰጠኸ ከሆነ በጣም ከፍተኛ በሚለው ስር 5ን አክብቢ
- 2- የተጠየቀው መጠይቅ ያሰብኸውን ያክል እርካታ እየሰጠኸ ከሆነ ከፍተኛ በሚለው ስር 4ን አክብቢ
- 3- የተጠየቀው መጠይቅ እርካታ ስለመስጠት አለመስጠቱ መወሰን የማያስችልኸ ከሆነ መወሰን አልችልም በሚለው ስር 3ን አክብቢ
- 4- የተጠየቀው መጠይቅ ካሰብኸው በታች እርካታ እየሰጠኸ ከሆነ ዝቅተኛ በሚለው ስር 2ን አክብቢ
- 5- የተጠየቀው መጠይቅ ካሰብኸው በጣም ባነሰ ሁኔታ እርካታ እየሰጠኸ ከሆነ በጣም ዝቅተኛ በሚለው ስር 1ን አክብቢ ::

| | | በጣም ከፍተኛ (5) | ከፍተኛ (4) | መወሰን አልችልም (3) | ዝቅተኛ (2) | በጣም ዝቅተኛ (1) | ምርመራ |
|----------|------------------------------------|--------------------|-------------|----------------------|-------------|--------------------|------|
| 501 | አሁን የሚከፈልዎት ደመወዝ | 5 | 4 | 3 | 2 | 1 | |
| 502 | እየተሰራ ባለው የእድገት መሰላል | 5 | 4 | 3 | 2 | 1 | |
| 503 | በሚያገኙት የስራ ላይ ስልጠና | 5 | 4 | 3 | 2 | 1 | |
| 504 | በተዘረጋው የረጅም ጊዜ የት/ት ማሻሻያ ፕሮግራም | 5 | 4 | 3 | 2 | 1 | |
| 505 | አሁን በሚሰሩበት ምድብ ቦታ | 5 | 4 | 3 | 2 | 1 | |
| 506 | የመኖሪያ ቤትዎን በተመለከተ | 5 | 4 | 3 | 2 | 1 | |
| 507 | ለህ/ሰቡ በሚሰጡት አገልግሎት | 5 | 4 | 3 | 2 | 1 | |
| 508 | አብራዎት ከምትሰራ ጤ/ኤ/ሙያተኛ ጋር ያለዎት ግንኙነት | 5 | 4 | 3 | 2 | 1 | |
| 509 | ከቀበሌ አመራሩ ጋር ያለዎት ግንኙነት | 5 | 4 | 3 | 2 | 1 | |
| 510 | ከጤ/ጣ/ሰራተኞች ጋር ያለዎት ግንኙነት | 5 | 4 | 3 | 2 | 1 | |
| 511 | ከወ/ጤ/ጥ/ጽ/ቤት ሰራተኞች ጋር ያለዎት ግንኙነት | 5 | 4 | 3 | 2 | 1 | |
| 512 | ከጤ/ጣ/ቢያወ በሚመጡ ሙያተኞች በሚሰጠው ድጋፍ | 5 | 4 | 3 | 2 | 1 | |
| 513 | በወ/ጤ/ጥ/ጽ/ቤት አፈሰሮች በሚሰጥ ድጋፍ | 5 | 4 | 3 | 2 | 1 | |
| 514 | ከአጋር አካላት በሚሰጥ ድጋፍ | 5 | 4 | 3 | 2 | 1 | |
| 515 | የጤና ኤክስቴንሽን ስራ በራሱ | 5 | 4 | 3 | 2 | 1 | |
| ጠቅላላ ድምር | | | | | | | |

ጥያቄዎቼን ጨርሻለሁ እጅግ በጣም አመሰግናለሁ!!

መጠይቁን ያስሞላው ስምዎ ፊርማ _____

መጠይቁን ያረጋገጠው/ተቆጣጣሪ/ ፊርማ _____

Annex IV English in-depth Interview checklists (Qualitative)

CONSENT FORM

A questionnaire to determine the level of job satisfaction and factors associated with it among HEWs in North Gondar Administrative Zone.

Hello!! Good morning/good afternoon? My name is Geta Asrade. I am a student from University of Gondar Institute of Public Health. I am here to collect data on job satisfaction and factors associated with it among HEWs in North Gondar Administrative Zone. You are selected to be one of the participants in the study. The study will be conducted through interview. The interview is voluntary; you have the right to participate, or not to participate or refuse at any time during the interview. No incentives will be given for participating in this study and your refusal will not have any effect on services that you or any member of your family receives. However, your participation has a paramount significance in order to achieve the aim of this study. The information you give us is confidential and will be used only for study purposes. The whole interview may take around 10 minutes. If there are things that require clarification please don't hesitate to ask me for clarification.

Are you voluntary to participate in this study?

Yes, I want to participate ☐

No, I don't want to participate ☐

Thank you very much!

Socio-demography

1. Age _____.
2. Sex _____.
3. Work place _____.
4. Level of education _____.
5. Job title (authority) _____.

I- Questions for urban/rural HEW respondents

- 1- How do you see the job satisfaction of HEW? Are you satisfied with your job or not?
- 2- What are the factors that satisfy or dissatisfy on your job (salary, in service trainings, supervisions, relationships, career structure, transfer and up grads, working conditions and other incentives allowed by the government or any else)
- 3- In general, how do you compare the work of HEWs with other relative kebele employees?

II- Questions for cluster Health Center and woreda health office respondents

- 1- Are HEWs satisfied or dissatisfied on their job? Which one RHEW or UHEW?
- 2- What are factors that make HEWs to be satisfied or un satisfied (salary, trainings, career structure or upgrading opportunities and communications or any else)
- 3- What is the most difficult condition for HEWs? Is there any HEW who leaves the job? What was the reason?

III- Questions for kebele administrators

- 1- How do you see the work of HEWs in your kebele? Do HEWs perform their job in good condition?
- 2- How do they interact with the community, kebele leaders, other kebele employees and with health sector staff?
- 3- How do you relate the life of HEWs with other kebele government employees such as teachers agricultural extension workers...?

Thank you very much for your time and participation!

Annex V Amharic In-depth Interview check list (Qualitative)

በጎንደር ዩኒቨርሲቲ የህክምናና ጤና ሳይንስ ኮሌጅ የማህበረሰብ ጤና ሳይንስ ተቋም

የፍቃድኝነት ማረጋገጫ

በሰሜን ጎንደር አስተዳደር ዞን ስር ያሉ የጤና ኤክስቴንሽን ባለሙያዎች በስራቸው

ምን ያህል እንደሚረኩ እና ምክንያቶችንም ለማጥናት የተዘጋጀ መጠይቅ

ጤና ይስጥልኝ እኔ ጌታ አስራደ እባላለሁ በጎንደር ዩኒቨርሲቲ በህብረተሰብ ጤና አጠባበቅ ተቋም የሁለተኛ ዲግሪ ተማሪ ነኝ፡፡

አሁን የመጣሁት ጤና ኤክስቴንሽን ሙያተኞች በስራቸው ምን ያህል ደስተኛ እንደሆኑ እና ምክንያቶቹንም ለማወቅ በሚደረገው ጥናት መረጃ ለማሰባሰብ ነው፡፡ በዚህ ጥናት ለመሳተፍ እርስዎ ተመርጠዋል፤ ለጥናቱ የሚሰጡን መረጃ በፍላጎት ላይ የተመሰረተ ነው፤

ቃለ መጠይቁንም በማንኛውም ሰዓት የማቋረጥ መብትዎ የተጠበቀ ነው፤ በመሳተፍዎ የሚያገኙት ገንዘብ የለም፡፡ ባለመሳተፍዎም የሚደርስብዎት ምንም አይነት ችግር የለም ነገር ግን የእርስዎ መሳተፍ ለጥናቱ አላማ መሳካት ከፍተኛ አስተዋጽኦ አለው፡፡ የሚሰጡት መረጃ ሚስጥሩ የተጠበቀ ነው፡፡ ስምዎትንም ሆነ ቀበሌዎትን መግለጽ አያስፈልግም ቃለ መጠይቁ የሚወስደው ጊዜ ከ 10 ደቂቃ አይበልጥም፤ የጥናቱንም ውጤት ለማወቅ ከፈለጉ በማንኛውም ጊዜ ማግኘት ይችላሉ፡፡

ስለዚህ አሁን በሰጠሁት ማብራሪያ በመነሳት በጥናቱ ለመሳተፍ ፈቃደኝነዎት?

አወ ፈቃደኛ ነኝ

☐

ፈቃደኛ አይደለሁም

☐

ማህበራዊ ሁኔታ

1. እድሜ.....
2. ፆታ.....
3. የትምህርት ደረጃ
4. የስራ ድርሻ(ኃላፊነት)
5. አሁን በያዙት ስራ ያለዎት ልምድ(አገልግሎት).....

ሀ- ለገጠር/ከተማ/ጤና ኤክስቴንሽን ባለሙያዎች የሚቀርብ መጠይቅ

- 1- ጤና ኤክስቴንሽን ሙያተኛ በመሆንሽ ምን ይሰማሻል? በስራሽ ደስተኛ ነሽ?
- 2- በስራሽ ደስተኛ እንድትሆኝ/ደስተኛ እንዳትሆኝ/ የሚያደርጉ ነገሮች ምንድን ናቸው(በሚከፈልሽ ደመወዝ፣ የስራው ባህሪ፣በሚደረገው ድጋፋዊ ጉብኝት፣ የግንኙነት አግባብ፣በሚሰጠው ስልጠና፣በካርየር መዋቅር ፣ የአፈጻጸም ምዘናን ፣ በደረጃ እድገት እና በሌሎችም ዙሪያ?)
- 3- በጥቅሉ ጤና ኤክስቴንሽን መሆንን ከሌሎች የቀበሌ ባለሙያዎች ጋር እንዴት ታወዳድሪያለሽ?

ለ- ለጤና ጣቢያ ወይም ለወረዳ ጤ/ጥ/ጽ/ቤት ኃላፊዎች (አስተባባሪዎች) የሚቀርብ መጠይቅ

- 1- ጤና ኤክስቴንሽን ሙያተኞች በስራቸው ምን ያህል ደስተኛ ናቸው.በለው ያስባሉ? ከገጠርና ከከተሞችስ?
- 2- በሚከፈላቸው ደመወዝ፣ በሚያገኙት ስልጠና፣ካርየር ስትራቴጂ፣ድጋፋዊ ጉብኝት፣የስራው ባህሪ፣ የደረጃ እድገት እና ሌሎችም::
- 3- ምን አይነት የስራ ሁኔታ ነው ጤና ኤክስቴንሽኖች ደስተኛ እንዳይሆኑ የሚያደርጋቸው ደስተኛ የሚያደርጋቸውስ? ስራዋን የቀቀች ጤና ኤክስቴንሽን ሙያተኛ ያወቃሉ? ምክንያቱ ምንደሆነ?

ሐ- ለቀበሌ አመራሮች የሚቀርብ መጠይቅ

- 1- በቀበሌዎት የጤና ኤክስቴንሽን ስራን እንዴት ያዩታል? ስራቸውን በተመቻቸ ሁኔታ የሚሰሩ ይመስልዎታል?
- 2- ከቀበሌው ማ/ሰብ ፣የቀበሌ አመራር ሌሎች የቀበሌ መ/ሰራተኞች እና ከጤና ጣቢያ ሙያተኞች ጋር ያለቸው ተግባራት ምን ይመስላል?
- 3- የጤና ኤክስቴንሽኖች የኑሮእና የስራ ሁኔታ ከሌሎች እንደ መ/ር፣ ልማት ጣቢያ ኮሚቴ ፖሊስ ወዘተ ካሉ የቀበሌ መንግስት ሰራተኞች ጋር ሲነፃፀር ምን ይመስላል?

ጥያቄዎቼን ጨርሻለሁ እጅግ በጣም አመሰግናለሁ!!

Annex VI List of the 22 woredas and study participants in study area

| No | Study Woreda | RHEW N _{rur} | p _{rur} (37%) | n _{rur} | UHEWs (N _{rur}) | p _{urb} (39%) | n _{urb} | Total sample | Woreda code |
|-------------------|--------------|--------------------------|---------------------------|------------------|------------------------------|---------------------------|------------------|-----------------|----------------|
| 1 | Debark zuria | 68 | 35% | 26 | - | - | - | 26 | 01 |
| 2 | Dabat | 60 | 35% | 20 | 6 | 33% | 2 | 23 | 02 |
| 3 | Janamora | 63 | 35% | 24 | 4 | 50% | 2 | 26 | 03 |
| 4 | Beyeda | 26 | 35% | 11 | 3 | 33% | 1 | 12 | 04 |
| 5 | L/ Armacho | 63 | 35% | 21 | 6 | 50% | 3 | 25 | 05 |
| 6 | Gondar zuria | 72 | 35% | 27 | 7 | 42% | 3 | 30 | 06 |
| 7 | Telemt | 43 | 35% | 8 | 3 | 33% | 1 | 9 | 07 |
| 8 | Adiarkay | 32 | 35% | 11 | 2 | 50% | 1 | 12 | 08 |
| 9 | Tegede | 36 | 35% | 14 | 4 | 25% | 1 | 15 | 09 |
| 10 | Chilga | 98 | 35% | 33 | 8 | 37% | 3 | 35 | 10 |
| 11 | W/ Belessa | 53 | 35% | 18 | 3 | 33% | 1 | 19 | 11 |
| 12 | Quara | 36 | 35% | 13 | 3 | 33% | 1 | 14 | 12 |
| 13 | Denbia | 90 | 35% | 33 | 8 | 37% | 3 | 36 | 13 |
| 14 | W/Armacho | 18 | 35% | 7 | 14 | 42% | 6 | 13 | 14 |
| 15 | Alefa | 62 | 35% | 22 | 6 | 33% | 2 | 24 | 15 |
| 16 | Takusa | 46 | 35% | 20 | 7 | 42% | 3 | 22 | 16 |
| 17 | E/Belessa | 33 | 35% | 12 | 4 | 50% | 2 | 14 | 17 |
| 18 | T/Armacho | 45 | 35% | 15 | 5 | 40% | 2 | 17 | 18 |
| 19 | Metema | 36 | 35% | 12 | - | - | - | 13 | 19 |
| 20 | Wogera | 80 | 35% | 23 | 6 | 33% | 2 | 25 | 20 |
| 21 | Debark town | - | | - | 10 | 40% | 4 | 4 | 01 |
| 22 | Gendawuha | - | | - | 8 | 37% | 3 | 3 | 19 |
| Source population | | 1022 | | 370 | 117 | | 46 | 416 | |

N_{rur} = Number of RHEWs = 1022

n_{rur} = Rural participans(respondents) = 376

N_{urb} = Number of Urban HEWs = 117

n_{urb} = Urban participants(respondents) =46

P_{rur} = proportion for RHEWs =376/1022= 0.37

P_{ru} =proportion for UHEWs =46/117= 0.39

Annex VII Type and number of respondents interviewed for the
qualitative study

| No. | Organization | Respondents | Saturation arrived at |
|-----|----------------------|----------------------------------|-----------------------------|
| 1 | Health post | RHEWs | |
| 2 | Health post | UHEWs | |
| 3 | Kebele | Kebele administrator | |
| 4 | Cluster HC | Head of the HC | |
| 5 | Woreda health office | Head of the Woreda Health Office | |
| | Total respondents | | |

Annex VIII English Version Participant Information sheet

Title of the project: Job satisfaction and associated factors among health extension workers in North Gondar Administrative Zone, Northwest Ethiopia, 2014

Name of the Organization: University of Gondar College of Medicine and Health Sciences, Institute of Public Health.

Sponsor: Self

Information sheet and consent form

Information Sheet and Consent Form prepared for North Gondar Administrative Zone health extension workers who are going to participate in the research project entitled as “Job satisfaction and associated factors among health extension workers in North Gondar Administrative Zone, Northwest Ethiopia, 2014”.

Introduction:

This information sheet and consent form is prepared with the aim of explaining the research project that you are asked to join with the group of the research team. The aim of the research is to determine the level of job satisfaction and associated factors among health extension workers in North Gondar Administrative Zone, Northwest Ethiopia, 2014. This research team includes one principal investigator, 20 health professionals as data collectors and five Zonal coordinators as supervisors who are woreda officers and two advisors from University of Gondar.

Purpose of the Research Project: The main purpose of this study is to assess Job satisfaction and associated factors among health extension workers in North Gondar Administrative Zone, Northwest Ethiopia, 2014. The information that you are providing us will help us to improve the level of job satisfaction of HEWs and handle determinant factors for job satisfaction and in the study area in particular and in regional or national level in general.

Procedure: In order to assess Job satisfaction and associated factors among health extension workers in North Gondar Administrative Zone, Northwest Ethiopia, 2014;

we invite you to take part in this project. If you are willing to participate in this project, you need to understand and give your consent. Then, you will be requesting to give your response to the data collectors. For this questionnaire-based study, study subjects are all HEWs who are found in their payroll registration list at the woreda Finance office. All the response given by participants was kept confidential.

Risk and /or Discomfort: By participating in this research project, you may feel that it has some discomfort especially wasting your time (20-30 minutes). Therefore, your response will provide an important input to show level of job satisfaction and associated factors among health extension workers in North Gondar Administrative Zone, Northwest Ethiopia, 2014, which were an important evidence to tackle the problem and to improve the quality of HEP and rural community health services in general. There is no risk in participating in this research project.

Benefits: Participating in this research project may not be providing direct benefit to you. Nevertheless, your participation is likely to help us to measure the level of Job satisfaction and associated factors among health extension workers in North Gondar Administrative Zone, Northwest Ethiopia, 2014, which helps to develop better human resource management.

Incentives/Payments for Participating: You would not provide any incentives or payment to take part by this project.

Confidentiality: The information collected from this research project kept confidential and information about you that were collected by this study was stored in a file, without your identification. In addition, except the investigator nobody used it.

Right to Refusal or Withdraw: You have a right not to respond to some or all the questions and this will not affect you from getting any kind of services and benefits from any institution, anywhere else. You have also the full right to withdraw from this study at any time you want, without losing any benefits from this project

Contact person: This research project reviewed and approved by the Ethical Committee of the University of Gondar. If you want to any more information, you can contact the committee, Investigator and Advisors through the address below and you may ask at any time you want.

1. Geta Asrade (BSc, MPH candidate) : East Belessa woreda health office, TBL officer.

Cell phone: +251- 09 13 72 90 42

E-mail: getasrade64@gmail.com

2. Dr. Gashaw Andargie (PhD, Assistant prof. of CH and PH): University of Gondar College of Medicine and Health science instructor

Cell phone: +251-09 11 38 54 23

3. Dr.Kassahun Alemu (Mph, PhD): University of Gondar College of Medicine and Health science instructor

Cell phone: +251-09 11 75 24 66

Annex IX Amharic version participant Information sheet

በሰሜን ጎንደር አስተዳደር ዞን ስር በሚገኙ ሃያ ሁለት ወረዳዎች አንድ አመትና ከዚያ በላይ ባላቸው ጤና ኤክስቴንሽን ሙያተኞች የስራ እርካታና ተያያዥ ጉዳዮችን ለማወቅ ለሚደረግ ጥናት ለመረጃ መስጫና ስምምነት መግለጫ የተዘጋጀ ቅጽ

ዋና ተመራማሪ :- ጌታ አስራደ አለማየሁ

የተቋሙ ስም :- ጎንደር ዩኒቨርሲቲ ህክምናና ጤና ሳይንስ ኮሌጬ የህብረተሰብ ጤና

አጠባበቅ ትምህርት ተቋም

ወጭውን የሚሸፍነው ተቋም :- ተመራማሪው

መግቢያ:- ይህ የማብራሪያና የስምምነት ቅጽ አሁን እርስዎ እንዲሳተፉበት የምንጠይቅዎትን የምርምር ጥናት የሚያብራራ ነው። እባክዎ በዚህ ጥናት ለመሳተፍ ከመወሰንዎ በፊት ይህንን ቅጽ መረጃ ሰብሳቢዎቹ በሚያነቡልዎት ጊዜ በጥንቃቄ በማድመጥ ጥያቄ ካልዎት ይጠይቁ። በዚህ ጥናት መሳተፍ ከጀመሩ በኋላ በማንኛውም ጊዜ ጥያቄ ካልዎት መጠየቅ ይችላሉ። ጥናቱን የሚያካሂደው አንድ የህብረተሰብ ጤና አጠባበቅ ትምህርት ተመራቂ ተማሪ እና ሁለት የጎንደር ዩኒቨርሲቲ የጥናት አማካሪዎች ናቸው።

የጥናቱ ዓላማ:- የዚህ ጥናት ዓላማ በሰሜን ጎንደር መስተዳደር ዞን ውስጥ ያሉ ሃያ ሁለት ወረዳዎች የሚገኙ የጤና ኤክስቴንሽን ሙያተኞች በስራቸው ምን ያህል ደስተኛ እንደሆኑና በተያያዥ ጉዳዮችን ለማወቅ ነው። ይህ ጥናት የመፍትሔ ስልቶችን ለመቀየስም ጭምር ይረዳል ተብሎ ይጠበቃል።

የአሰራር ሂደት:- አርሰዎን በሰሜን ጎንደር አስተዳደር ዞን ስር በሚገኙ ወረዳዎች ለሚካሄደው የጤና ኤክስቴንሽን ሙያተኞች በስራቸው ምን ያህል እንደሚረኩ እና በያያዥ ጉዳዮችን ለማወቅ በሚካሄደው ጥናት እንዲሳተፉ ጋብዘነዎታል። በዚህ ጥናት ውስጥ ለመሳተፍ ከተስማሙ ስምምነቱን መረዳትና መስማማትዎን መግለጽ ይኖርበዎታል። ከዚህ በኋላ መረጃ ሰብሳቢው መጠይቁ ላይ ያሉትን ጥያቄዎች ይጠይቁዎታል። ስምዎንና የሚሰሩበትን ቀበሌ መናገር አያስፈልግዎትም። የሚሰጡት መረጃም ሚስጥራዊነቱ የተጠበቀ ነው።

አደጋዎች ወይም አለመመቻቅ:- በዚህ ጥናት በመሳተፍዎ የተወሰነ የስራ ጊዜዎትን ከ20-30 ደቂቃ ያህል ይሻማበዎታል። ነገር ግን ጥናቱ ከሚሰጠው ጥቅም አኳያ እንደሚሳተፉ ተስፋ አደርጋለሁ

ጠቀሜታ :- በዚህ ጥናት ላይ በመሳተፍ ቀጥተኛ የሆነ ጥቅም ላያገኙ ይችላሉ። ነገር ግን እርስዎ በተመለከተው ዓላማና ይዘት መሳተፍዎ የጥናቱን ውጤት ለማወቅ ትልቅ ድርሻ ሊኖረው ይችላል።

ሚስጥር ስለመጠበቅ፡- ለዚህ ጥናት የሚሰበሰብ መረጃ በሚስጥር ይጠበቃል፡፡ የሚሰበሰበው መጠይቅ የእርስዎ ለመሆኑ መለያ አይኖረውም፡፡ መረጃው በዋና ተመራማሪው፣ በአማካሪዎቹ እና በጎንደር ዩኒቨርሲቲ ፋይል ተደርጎ ስለሚቀመጥ ሌላ ሰው ሊያገኘው አይችልም፡፡

በጥናቱ ያለመሳተፍ ወይም ራስን ከጥናቱ የማግለል መብት፡- በጥናቱ ላለመሳተፍ ከፈለጉ በዚህ ጥናት ያለመሳተፍ ሙሉ መብት አለዎት፡፡ ከመጠይቁ ውስጥ ጥቂት ጥያቄዎችን ወይም በሙሉ ያለመመለስ መብትዎም የተጠበቀ ነው፡፡

የሚያገኝዎቹው ሰዎች አድራሻ፡- ለዚህ ጥናት ማነጋገር ከፈለጉ ከሚከተሉት የፈለጉትን ማነጋገር ይችላሉ፡፡

1. አቶ ጌታ አስራደ አለማየሁ
ስ.ቁ. +251-913 72 90 42
2. ዶ/ር ጋሻዉ አንዳርጌ ቢክስ
ስ.ቁ +251-0911 38 54 23
3. ዶ/ር ካሳሁን አለሙ
ስ.ቁ +251-0911 75 24 66

Annex X Declaration

I, the undersigned, declare that this thesis is my original work in partial fulfillment of the requirement for the Degree of Masters of Public Health and has not been presented for a degree in this or any other university. All source of materials used for this thesis have been duly acknowledged.

Student's Name: Geta Asrade (BSc.)

Signature -----Date: -----

Place: Institute of public health, College of Medicine and Health Sciences, University of Gondar, Ethiopia

Approval of advisors:

Advisor's Name:

Signature

1) Gashaw Andargie (MPH, Ph.D)

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2) Kassahun Alemu (MPH, Ph.D)

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